

2006 Cooperative Agreement Workplan Report

Privileged Communication
Centers for Disease Control and Prevention
Public Health Emergency Preparedness
Program Announcement AA154
Report Date: 7/11/2006
Grantee: Washington

Goal 1: Prevent

Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

Capability 1A: 1A: Planning

1A::CT1: Maintain a SAC to integrate preparedness efforts across the jurisdiction and leverage funding streams

Grantee Activity:	The Washington State Department of Health (DOH) Public Health Preparedness and Response Program Joint Advisory Committee consists of partners and representatives of stakeholder groups that are committed to creating a plan to prepare for and respond to public health threats and emergencies, per section ESF-8 of the state emergency plan. The Committee was established in 2002 based on the cooperative grant requirements from the U.S. Department of Health and Human Services outlined in the state HRSA and CDC grants regarding oversight committee membership. Any changes subsequently required in the Committee membership have been made. The FY05 Pandemic Influenza Supplement Funding Guidance requires additional representatives to be added from faith-based organizations, the business community, the animal health education sector, and private citizens. Appropriate organizations and individuals are being contacted regarding a representative to be made available to attend PHEPR Joint Advisory Committee meetings. DOH, the PHEPR Joint Advisory Committee, the State Emergency Management Council and the State Committee on Homeland Security meet regularly to better
--------------------------	--

Est. Completion Date: 08/30/2007

1A::CT2: Support incident response operations according to all-hazards plan that includes identification and planning for populations with special needs

Grantee Activity:	The Washington State Department of Health (DOH) will complete the DOH All-Hazards Comprehensive Emergency Management Plan (CEMP) and continue to update the ESF 8 section of the State CEMP. These plans include roles and responsibilities of DOH regarding incident response. Roles and responsibilities for DOH include coordinating personnel, resources and SNS response in support of response at the local level. DOH will continue to communicate with and educate public health partners (including other state, regional and local agencies) about these roles and responsibilities. The DOH program divisions will continue to develop procedures and job action sheets for their emergency response staff to support the CEMP and ESF 8 plans. DOH will also continue to provide technical assistance to locals and regions on plan development and enhancement. Regional lead local health jurisdictions (LHJs) will continue to refine and update their all hazard plans by coordinating and collaborating with appropriate public health partners including non lead LHJs and healthcare facilities. Each local plan will be reviewed and updated. Updates to the plans will be based on exercises, after action reports and collaborative work. Identification of and planning for people with developmental and physical disabilities, residents of long term care facilities and school children will continue to be a priority, with staff providing preparedness planning and implementation resources and technical assistance to other agencies, private and public facilities and the state Superintendent of Public Instruction.
Est. Completion Date:	08/30/2007

1A::CT3: Improve regional, jurisdictional, and state all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with NIMS and the NRP.

Grantee Activity:	DOH will continue to participate as a member of the Governor's Domestic Security Evaluation Group (DSEG), the State Emergency Management Council (EMC) and as a member of the State Committee on Homeland Security. Participation in all of these committees better assures consistent ongoing planning efforts with the Washington State Emergency Management Division (EMD). This agency leads state-wide all-hazard planning activities in accordance with NIMS
--------------------------	--

	<p>compliance and the National Response Plan. DOH will continue to use the Emergency Support Function (ESF) structure (primarily ESF8) in the National Response Plan and the DOH Comprehensive Emergency Management Plan (CEMP) (includes specific disease appendixes such as Pandemic Flu) to guide health-related emergency preparedness activities. Updates and maintenance of the CEMP will be done on an ongoing basis. These updates are based on the annual DOH exercise and lessons learned regarding actual events during the year. DOH will continue to work closely with lead and non-lead local health jurisdictions (LHJs) to better assure that all Public Health Response agencies understand and are utilizing the Incident Command System and are otherwise progressing towards compliance with NIMS. DOH and EMD jointly coordinate regular planning meetings between Regional Emergency Response Coordinators and Regional Homeland Security Coordinators to foster the relationship between the two disciplines. DOH will further review the provisions of the National Incident Management System (NIMS) to assess any needed modifications to current use of Incident Command System (ICS) in order to assure full compliance with NIMS. The DOH Training and Education program area will coordinate opportunities for NIMS training for responders through FEMA and the Homeland Security Institute as well as DOH ICS training with the regional learning specialists. Each LHJ will develop comprehensive community based pandemic influenza response annexes to their CEMP's.</p>
Est. Completion Date:	08/30/2007

1A::CT3a: Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool (NIMCAST).

Grantee Activity:	<p>Coordinating state-wide activities regarding the NIMCAST tool and other NIMS compliance assessment tools is being led by the Washington State Emergency Management Division (EMD) in coordination with DOH and other select State Agencies. Ongoing participation as a member of the State Emergency Management Council (EMC) and as a member of the State Committee on Homeland Security will better assure consistent planning efforts with the EMD. DOH will continue to support local health jurisdictions (LHJs) activities towards NIMS compliance and has assisted in the development of an electronic NIMS compliance reporting tool for local jurisdictions. LHJs are encouraged to actively coordinate planning and use of the NIMCAST tool or related assessment tool with their local emergency management agency to better assure that they are meeting all NIMS compliance requirements.</p>
Est. Completion Date:	08/30/2007

1A::CT3b: Assure agency's Emergency Operations Center meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination

Grantee Activity:	DOH EOC currently meets all NIMS requirements for compliance. DOH will continue to work with EMD and LHJs to better assure that all Public Health Response agencies understand and use utilizing the Incident Command System and are otherwise progressing satisfactorily towards full compliance with NIMS.
Est. Completion Date:	08/30/2007

1A::CT4: Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis.

Grantee Activity:	This SNS, CRI and Decon related grantee activity is cross linked with the activities outlined in the HRSA Grant. Activities outlined in this critical task will be collaboratively planned and executed with state, local lead and non-lead health jurisdictions, hospitals, emergency management agencies and related public health partners. 100% of participating hospitals will continue planning activities to develop access to pharmaceutical caches sufficient to cover hospital personnel (medical and ancillary), hospital based emergency first responders and family members associated with their facilities for a 72-hour time period. The fifth and final phase of hospitals will be receiving decon and PPE equipment along with appropriate training. 100% of the hospitals will be equipped with either one or two line decontamination and PPE equipment by the end of FY06. Based on population, local emergency management (EMD) agencies will also be equipped with decontamination and PPE equipment, through Department of Homeland Security funding. As of now, public health staff receive PPE based on program necessity (e.g. environmental health, laboratories). DOH will identify additional public health staff that may receive PPE. Currently protocol indicates that public health responders such as the Epi Investigators and the Rapid Assessment Teams will receive vaccination or prophylaxis, as appropriate. Through the CRI program, prophylactics are being pre-positioned among first responders in King, Pierce and Snohomish counties, the three most populous counties in the state.
Est. Completion Date:	08/30/2007

1A::CT4a: Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with PHIN Preparedness Functional Area Countermeasure and Response Administration.

Grantee Activity:	DOH will comply with a standard process CDC provides. DOH will use this process and work towards achieving required milestones as communicated by CDC. DOH has purchased a system from Scientific Technologies Corporation (STC). The system includes 3 modules: a pre-event or first responder module, and two mass vaccination/prophylaxis modules—one that is web-based and one that stands alone. The system shares the same information architecture, and look and feel as the state's vaccine registry system, CHILD Profile. The system will allow the State to leverage staff and infrastructure already involved in the CHILD Profile system. Currently, the new modules are being rolled out and were tested for the first time in April 2006. A phased deployment is being implemented, including a series of local pilots suited to the needs of each participating LHJ. DOH continues to work with the CDC and vendor to assure compliance to PHIN standards. For now, the system is functional and could be deployed in an emergency.
Est. Completion Date:	08/30/2007
Grantee Activity:	DOH will be performing the PHIN self evaluation worksheet and work with CDC to obtain PHIN certification.
Est. Completion Date:	08/30/2007
Grantee Activity:	A voluntary vaccination program will be established for laboratory staff involved in testing performed on Select Agents.
Est. Completion Date:	08/30/2007

1A::CT5: Increase and improve mutual aid agreements, as needed, to support NIMS-compliant public health response (e.g., local, regional, and EMAC)

Grantee Activity:	DOH will continue to provide ongoing guidance regarding development and maintenance of mutual aid agreements to lead and non-lead LHJs. LHJs will be required to continue efforts to establish and maintain mutual aid agreements with public health partners to support NIMS compliant public health response. Efforts to establish and maintain workable mutual aid agreements have been ongoing. DOH will continue to encourage collaboration in this effort
--------------------------	---

	between LHJs and public health partners such as emergency medical services, emergency management agencies, hospitals, etc. Mutual aid agreements will be collected and the state will serve as a clearinghouse for agreements which can be accessed by local partners.
Est. Completion Date:	08/30/2007
Grantee Activity:	Memoranda of Understanding between WAPHL and selected capable laboratories in the state shall be signed in support of surge capacity during events that exceed WAPHL response capacity. A Fourier Transform Infrared Spectroscopy (FTIR) instrument shall be purchased and used in the laboratory of the Spokane Regional Health District (SRHD) as analytical surge serving the eastern-most counties of Washington State. SRHD shall be sponsored to join the LRN-C as a Level 3 laboratory.
Est. Completion Date:	08/30/2007

1A::CT5a: Increase all-hazard incident management capability by conducting regional, jurisdictional and State training for NIMS and the Incident Command System (ICS)

Grantee Activity:	NIMS and Incident Command training are being offered at the regional, jurisdictional and state levels. Training is available both on-line and as instructor led courses which are open to cross-discipline audiences to enhance the learning. Training completed to meet the NIMS Compliance Guidelines will be tracked through the learning management system.
Est. Completion Date:	08/30/2007
Grantee Activity:	IS700 training will be provided as needed.
Est. Completion Date:	08/30/2007

1A::CT5b: Address legal and policy issues regarding ability to execute or fulfill EMAC requests (mutual aid versus mutual support)

Grantee Activity:	Washington state is a signatory to the EMAC and participated in sending volunteers in response to Hurricane Katrina. During this process a barrier to sending more volunteers was under EMAC, volunteers had to be public employees. This severely limited the numbers of volunteers who could be deployed as non-governmental employees could not be sent. DOH will continue to develop the
--------------------------	--

	volunteer registry through ESAR-VHP and will have our legal staff continue to explore any legal obstacles to EMAC utilization. Cross border conversations will continue with other states and British Columbia regarding the enhancement and development of additional cross border mutual aid agreements.
Est. Completion Date:	08/30/2007

1A::CT6: Provide support for continuity of public health operations at regional, state, tribal, local government, and agency level

Grantee Activity:	DOH has undertaken a wide range of continuity of operations planning efforts, particularly in response to a flu pandemic. DOH has developed a continuity of operations guide which is being shared with other state agencies. As appropriate, this guide will be made available to regional, local and tribal health agencies to assist them in their continuity of operations planning. In Washington State, Emergency Management, at the state and local levels, has the lead to better assure that all public agencies are developing continuity of operations plans and we are working with them so it is coordinated with Health.
Est. Completion Date:	08/30/2007

Grantee Activity:	The Divisional Planner for Epidemiology, Health Statistics and Public Health Laboratories will prepare and provide a Continuity of Operations Plan (COOP) example and template for regional, local, and tribal governments. COOP plans shall be completed by participants by the end of the grant year. Training will be provided as requested.
Est. Completion Date:	08/30/2007

Goal 2: Detect and Report

Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Capability 2A: 2A: Information Gathering and Recognition of Indicators and Warning

2A::CT1: Increase the use of disease surveillance and early event detection systems

Grantee Activity:	Methods to improve the effectiveness of disease surveillance systems will include continued outreach to reporters to improve reporting of cases and suspicious symptoms, illnesses or unusual circumstances to local health jurisdictions; planning for enhanced surveillance during a public health event; and provision of training in infectious disease surveillance, epidemiology and laboratory diagnosis to improve disease detection capabilities. It is expected that local health jurisdictions will use the PHIN compliant PHIMS system to have standardized and more timely disease reporting statewide. The state-based ESSENCE syndromic surveillance system will be routinely monitored for aberrations in disease patterns.
Est. Completion Date:	08/30/2007

2A::CT1a: Select conditions that require immediate reporting to the public health agency (at a minimum, Category A agents)

Grantee Activity:	Lists of conditions that require immediate reporting to local health jurisdictions (per WAC 246-101) and education to improve disease detection, specifically for Category A agents, will continue for health care providers, health care facilities and laboratories statewide. Local health jurisdictions will continue to maintain protocols for investigation of these diseases and have standardized forms (available on DOH website) to report these conditions to DOH. Reporting timeliness will be assessed in the annual surveillance system evaluation. Hospitals will report notifiable conditions to LHJs via established liaisons, described in their protocols.
Est. Completion Date:	08/30/2007

2A::CT1b: Develop and maintain systems to receive reports 24/7/365

Grantee Activity:	The 24/7 Epidemiology Response System Assessment shall be conducted twice a year to determine the time for a knowledgeable public health professional's response, 24/7/365, to a call about an event that may be of urgent public health consequence. Each assessment shall include an evaluation of the 24/7 response system using either a scripted scenario test or an evaluation of an actual event: a) during business hours, and b) after normal business hours. The time to reach a knowledgeable public health professional shall be documented on the AAR (target time: <15 minutes). Lessons learned shall be recorded on the After-Action Report (AAR) in the
--------------------------	--

	"Lessons learned" section provided. LHJs will prepare written 24/7 all-staff call back protocols in response to an event of urgent public health consequence. These protocols will be incorporated into the local emergency response plans.
Est. Completion Date:	07/16/2007

2A::CT1c: Have or have access to electronic applications in compliance with Public Health Information Network (PHIN) Preparedness Functional Area Early Event Detection to support: 1) Receipt of case or suspect case disease reports 24/7/365, 2) Reportable diseases surveillance, 3) Call triage of urgent reports to knowledgeable public health professionals, 4) Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns.

Grantee Activity:	DOH will continue to operate PHIMS for all LHJs in Washington State. PHIMS currently in production provides the following functionalities: accepts case or suspect case reports 24/7 and electronic reporting for notifiable conditions. DOH will recruit and train the LHJs currently not using PHIMS. DOH will continue to operate the ESSENCE syndromic surveillance system which provides monitoring of aberrations in normal data patterns. DOH will expand the hospital syndromic surveillance ER data from the current source of (Text redacted in accordance with RCW 42.17.310(1)(ww)) to include additional data sources.
Est. Completion Date:	08/30/2007

2A::CT1d: Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch)

Grantee Activity:	Laboratory protocols regarding BioWatch are in place and are tested regularly. BioWatch protocols for notification and action recommendations are in place (Text redacted in accordance with RCW 42.17.310(1)(ww)) with all stakeholders both during working hours and after working hours. A checklist has been developed (based on the EPA guidance) (Text redacted in accordance with RCW 42.17.310(1)(ww)) with stakeholders on how to handle a positive confirmation within the BioWatch communities. Early detection systems such as BDS and BioWatch require confirmation from the LRN Reference Laboratory. Protocols are in place at WAPHL for notification, handling and processing these tests. Exercises shall be performed in the grant year to evaluate the notification and handling procedures. Ongoing challenges regarding BDS medication and healthcare delivery within certain communities are still an issue but DOH will
--------------------------	--

	continue to work with CDC and (Text redacted in accordance with RCW 42.17.310(1)(ww)) to address them. Some Local Health Jurisdictions with BDS systems in place have exercised their BDS notification procedures this year.
Est. Completion Date:	08/30/2007

2A::CT1e: Assess timeliness and completeness of disease surveillance systems annually

Grantee Activity:	An evaluation of the state and local reportable disease surveillance systems will be conducted annually. Performance indicators to be assessed include the timeliness and completeness of reporting, data collection, investigation and reporting methods utilized, systems for enhanced surveillance and mechanisms to increase disease reporting to local health jurisdictions. Yearly progress will be assessed and DOH and local health jurisdictions will be expected to implement improvements based on gaps identified.
Est. Completion Date:	08/30/2007

2A::CT2: Increase sharing of health and intelligence information within and between regions and states with federal, local and tribal agencies.

Grantee Activity:	State and LHJs will continue to use standard rules and protocols for transmitting health alerts among and between DOH, LHJs, and other public health partners. DOH will also continue to expand the network of collaborative partners using WA-SECURES for the purpose of sharing emergency communications. Partners added to the network will include Tribal entities, hospitals, the military, border states and other public health partners. DOH will continue to conduct regular exercises of the WA-SECURES system to test the effectiveness of the system and to build user competence. State and LHJs will develop internal protocols for responding appropriately to high-level SECURES alerts requiring immediate action. Other public health partners using the system will be encouraged to establish their own internal response protocols. Currently, traditional informal systems are in place for cross-border sharing of public health emergency communications with Canada. In addition, cross-border discussions include plan development of automated information-sharing systems using mutually-acceptable component systems (i.e. CIOSC and EpiX). WA-SECURES training will continue to be offered for new SECURES users. Systems administrator training will also be offered for staff who will be their agency's remote
--------------------------	---

	SECURES administrator.
Est. Completion Date:	08/30/2007

2A::CT2a: Improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs

Grantee Activity:	DOH and LHJs will continue to use statewide email listserv (ComDis) for sharing suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists and other public health partners. DOH will continue the ongoing provision of training in infectious disease surveillance, epidemiology and laboratory diagnosis to improve disease detection capabilities as well as facilitate regional and local access to external training. LHJ and DOH agencies will be enabled to use SECURES to send alerts regarding immediately notifiable conditions to SECURES users. This activity will be mediated by SECURES systems administrators appointed at each of the agencies. SECURES systems administrators have been assigned for many of these agencies and training is underway; systems administrators will be identified and trained for the remainder of these agencies. The PHIMS automated system for notifiable conditions will continue to be updated to meet the needs of users. All but three LHJs are using PHIMS for disease reporting. The remaining LHJs will be encouraged to begin using PHIMS. Improvements to the system will continue to be made in order to increase acceptability to users and potential users of the system. Ongoing training will be offered to improve effective use of the system within participating agencies.
Est. Completion Date:	08/30/2007
Grantee Activity:	WAPHL laboratorians will work with public health epidemiologists to quickly disseminate information regarding food-borne illness. Rapid identification of the causative organism and the source of contaminated food will be provided to the epidemiologist via the appropriate communication method. Clinical laboratory staff shall be trained regarding reportable conditions. IT shall install and support systems that will assure laboratory results will be in a standard HL7 message format.
Est. Completion Date:	08/30/2007

2A::CT2b: Identify key public health staff that need secret or top secret security clearances and mechanisms within the jurisdiction to obtain needed clearances to ensure access to sensitive information about the nature of health threats and intelligence information

Grantee Activity:	The BT Coordinator has a current Secret Clearance. Evaluation will continue throughout the grant year of the need for clearances for other individuals.
Est. Completion Date:	08/30/2007
Grantee Activity:	DOH will continue to pursue secret security clearance for the Secretary of Health, the State Health Officer, the Special Assistant of the Public Health Emergency Preparedness and Response program, and the Assistant Secretary for Epidemiology, Health Statistics and Public Health Laboratory Division. Once clearance has been obtained, DOH will maintain clearance based on federal guidelines and requirements.
Est. Completion Date:	08/30/2007

2A::CT3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

Grantee Activity:	DOH and LHJs use standard rules and protocols for transmitting health alerts among and between DOH, LHJs, and other public health partners. DOH participates in regularly scheduled and non-scheduled testing of WA-SECURES with all of the LHJs with an average receipt confirmation of (Text redacted in accordance with RCW 42.17.310(1)(ww)) . DOH is in the process of prioritizing and establishing collaborative relationships with other state agencies, tribal entities, border states and the military for the purpose of sharing emergency communications via WA-SECURES. DOH will continue to conduct regular testing procedures with other jurisdictions as protocols are established. In addition, cross-border discussions are planned with Canada for development of shared communications and alerting systems using mutually-acceptable component systems (i.e. CIOSC and EpiX).
Est. Completion Date:	08/30/2007

2A::CT3a: Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).

Grantee Activity:	Approximately 64 state and local public health personnel maintain subscriptions to EPI-X. The
--------------------------	---

	DOH administrator will continue to assist state, regional and local public health personnel in accessing EPI-X. Efforts will be made to increase the number of users statewide.
Est. Completion Date:	08/30/2007
Grantee Activity:	The WAPHL shall continue to participate in CDC's Epidemic Information Exchange Program in the coming grant year. Tests of the program shall be combined with more extensive functional exercises held during the year.
Est. Completion Date:	08/30/2007

2A::CT3b: Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality and completeness of reports and the time from onset of illnesses to report entry

Grantee Activity:	Foodborne outbreaks that are reported to DOH will continue to be routinely entered into the EFORS database. A component of the annual surveillance system evaluation will focus on foodborne outbreak detection, timeliness and completeness of reporting.
Est. Completion Date:	08/30/2007
Grantee Activity:	The WAPHL and CD Epi will continue to participate in the EFORS Program in the coming grant year. Tests of the program shall be combined with more extensive functional exercises held during the year.
Est. Completion Date:	08/30/2007

2A::CT3c: Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 96 business hours of receiving the isolate in the laboratory.

Grantee Activity:	PulseNet tracking and submission of results to the PulseNet database within 72 to 96 hours of isolate reception are being performed on a routine basis, and will continue through the next grant year with the addition of one PFGE unit with BioNumerics library module and the resources to track the timeliness of reporting.
Est. Completion Date:	08/30/2007

2A::CT3d: Have or have access to information systems for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting

Grantee Activity:	DOH is working with other internal and external jurisdictions for the purpose of establishing mutually beneficial emergency communications procedures. DOH will continue to work with other jurisdictions to define protocols for cross-border emergency communications and adopt regular testing procedure. The WA SECURES electronic application complements the existing 24/7/365 alerting for the public health emergency response system. The goal is to reach at least (Text redacted in accordance with RCW 42.17.310(1)(www)) of key stakeholders, and for the system to be compliant with PHIN Preparedness Functional Area Partner Communications and Alerting. DOH will train the remaining local health jurisdictions on System Administration so additional reliability at the local level will exist and additional partners can be added. It is planned to expand utilization of SECURES to include PHIMS and PHRED users. DOH has completed the PHIN self assessment worksheet for certification and will work with CDC to obtain certification of SECURES.
Est. Completion Date:	08/30/2007

Capability 2B: 2B: Planning

2B::CT1: Prioritize the hazards identified in the jurisdiction hazard/vulnerability assessment for potential impact on human health with special consideration for lethality of agents and large population exposures in order to mitigate or plan for identified hazards

Grantee Activity:	The Washington State Emergency Management Division (EMD) is the lead agency for conducting the HIVA for the state and works closely with DOH regarding to health effects of identified hazards and corresponding responsibilities. These agencies make recommendations for mitigation activities to decrease human threats associated with information gleaned from the HIVA. Activities that address this critical task are relatively new for Health and will be addressed during the upcoming revision and implementation of the new HIVA report being developed by the EMD.
--------------------------	---

	LHJs work closely with their emergency management agencies to coordinate planning efforts that are based on locally conducted HIVAs. The LHJs are strongly encouraged to continue developing these relationships and to serve as consultants regarding preparedness and mitigation activities necessary to decrease human health threats. The current HIVA does not emphasize public health threats. DOH is actively involved with EMD in developing the next version of the analysis. This is a multi year process. Final product is scheduled to be completed by EMD in August 2008.
Est. Completion Date:	08/30/2007

2B::CT2: Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting.

Grantee Activity:	The Washington State Department of Health (DOH) Public Health Emergency Preparedness and Response (PHEPR) program will continue to work closely with partner agencies to coordinate and develop preparedness and response plans. Conducting Hazard Identification and Vulnerability Analysis (HIVA) is a responsibility of the Washington State Emergency Management Division (EMD). PHEPR consults with EMD regarding health effects of identified hazards and vulnerabilities. Currently planning has incorporated information from the 2001 HIVA report, this includes mitigation and preparedness activities of anticipated hazards identified in the report. PHEPR will provide consultation in the development of future HVA reports as appropriate. Lead and non-lead local health jurisdictions (LHJs) will continue to coordinate with their local emergency management agencies and other public health partners to incorporate relevant information based on local HIVA results into their preparedness and response plans. LHJs are encouraged to provide consultation in development of future HIVA tools. DOH and LHJs currently coordinate collaboratively with EMD and relevant public health partners in developing and testing response plans. HIVA reports are one of many fundamental tools in planning. Additionally work will continue in the use of GIS to help speed response including the mapping of all identified POD locations in the state. DOH works closely with State EMD who maintain a variety of plume modeling and forecasting software for use in the Emergency Operations Center.
Est. Completion Date:	08/30/2007

2B::CT3: Decrease human health threats associated with identified community risks and vulnerabilities (i.e., chemical plants,

hazardous waste plants, retail establishments with chemical/pesticide supplies).

Grantee Activity:	The DOH Comprehensive Emergency Management Plan includes roles and responsibilities that support local response to emergency response. These roles and responsibilities along with preparedness activities are based on the state-wide 2001 HIVA report. EMD is the lead agency for conducting the HIVA for the state and works closely with DOH regarding health effects of identified hazards and responsibilities. These agencies make recommendations for mitigation activities to decrease human threats associated with information gleaned from the HIVA. LHJs work closely with their emergency management agencies to coordinate planning efforts that are based on locally conducted HIVAs. The identification and mitigation of community risks and vulnerabilities is first and foremost a local health jurisdiction responsibility. The LHJs are strongly encouraged to continue developing these relationships and to serve as consultants regarding preparedness and mitigation activities necessary to decrease human health threats. Emergency management agencies are the lead for all hazard identification and vulnerability analysis activities. DOH and LHJs consult with these agencies on an ongoing basis to decrease health threats associated to hazards identified. Planning efforts include all public health partners that have a role in preparedness. DOH and the LHJ's will continue to partner with other state and local agencies to complete the Homeland Security required Critical Infrastructure Analysis.
Est. Completion Date:	08/30/2007

2B::CT4: Through partners increase the capability to monitor movement of releases and formulate public health response and interventions based on dispersion and characteristics over time.

Grantee Activity:	The Washington State Emergency Management Division (EMD) is the lead for this work. They maintain a variety of plume modeling and dispersion programs that would be employed as necessary. DOH does serve as a consultant and will continue to work with EMD to provide relevant information that will be beneficial in planning and response. Local health jurisdictions will be encouraged to continue coordinating with local emergency management agencies' hazard analysis activities, including plume analysis and dispersion rates.
Est. Completion Date:	08/30/2007

Goal 3: Detect and Report

Decrease the time needed to detect and report chemical, biological, and radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

Capability 3A: 3A: Public Health Laboratory Testing

3A::CT1: Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens.

Grantee Activity:	The Washington State Public Health Laboratories (WAPHL) will support the identification of multiple agents in the coming grant year by: -Maintaining staffing levels as required for a Reference Laboratory for Bioterrorism response, and for a Level 2 Laboratory for Chemical Terrorism response, for a foodborne response; for a Reference Laboratory and for Radiation Protection response; -Holding Sentinel level training and refresher courses for chemical and biological terrorism response to assure that sentinel partners are capable of recognizing, reporting and facilitating the testing of clinical specimens for chemical, radiological, or biological agents; -Training members of the Bioterrorism Response team at WAPHL and the LRN Reference lab staff within the state, to identify of Category A and B agents in order to maintain proficiency; -Maintaining instrumentation and methods as specified by CDC to better assure successful participation in proficiency testing of readiness in Bioterrorism, Chemical Terrorism, and Radiation Protection responses; -Adopting and training in, new methods for select agents and analyses as required by CDC; -Participating in professional meetings and conferences related to BT and CT missions; -Continuing outreach and training of regional and local public health agencies in policies and protocols to be followed during an event; -Fostering cooperation among the BT and CT Coordinators and the WAPHL TRAINING Division to work with state, regional, local and hospital laboratory coordinators to define and meet training needs.
Est. Completion Date:	08/30/2007

3A::CT1a: Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per state-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-

state reference labs used by each of the jurisdiction's sentinel/Level Three labs).

Grantee Activity:	The database of Sentinel laboratories in Washington state is complete and will be maintained throughout the grant year. The database of Level 3 laboratories for chemical response has been started and will be completed and maintained in the grant year. The information within these databases will include Laboratory name, contact information and testing capability.
Est. Completion Date:	08/30/2007

3A::CT1b: Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.

Grantee Activity:	The BT and CT coordinators have both initiated and participated in a number of drills and functional exercises which include collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens. These exercises have confirmed and documented the competency of the response coordinators. The exercises and evaluations will continue in the coming grant year, as well as further testing of the coordinators in teaching and evaluating labeling, packaging and shipping skills.
Est. Completion Date:	08/30/2007

3A::CT1c: Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends, and holidays.

Grantee Activity:	Specimen submission to WAPHL by sentinel/Level 3 laboratories during non-business hours will be tested at least once during the grant year. WAPHL Bioterrorism and Chemical Terrorism Response coordinators will work with the TRAINING Division to establish proficiency tests which will determine the sentinel/Level 3 laboratories' capability for sending specimens to a confirmatory LRN lab on nights, weekends, and holidays.
Est. Completion Date:	08/30/2007

3A::CT1d: Package, label, ship, coordinate routing, and maintain chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism

Grantee Activity:	Exercises that include testing the competence of WAPHL to package, label, ship, coordinate routing, and maintain chain-of-custody of clinical, environmental, and food specimens/samples shall occur at least once per quarter. Sentinel and Level 3 labs shall be trained to follow proper chain of custody. A database of appropriate laboratories to handle specimens or samples needing tests WAPHL cannot perform shall be maintained throughout the grant year. Training in sample recognition and prioritization by WAPHL chemical response personnel shall be documented.
Est. Completion Date:	08/30/2007

3A::CT1e: Continue to develop or enhance operational plans and protocols that include: * specimen/samples transport and handling, *worker safety, *appropriate BioSafety Level (BSL) working conditions for each threat agent, *staffing and training of personnel, *quality control and assurance, *adherence to laboratory methods and protocols, *proficiency testing to include routine practicing of LRN validated assays as well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of samples, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.

Grantee Activity:	During the grant year, WAPHL will continue to enhance BT and CT response plans and protocols that include: *Training of receiving staff and technician level staff in the WAPHL "all hazards" approach for receiving and handling for receiving and handling unknown specimens; *Continuing internal quality control regarding operation of instrumentation to assure a readiness standard; *Maintaining existing, and developing new internal quality control and assurance measures; *Validating and practicing CDC laboratory analysis methods and participating in proficiency testing; *Participating in Reference level training provided by the TRAINING Division; *Remaining a current and participating member of the Laboratory Response Network; *Working with the FBI, state and local law enforcement to perform threat assessments of samples and specimens they bring to our laboratory under "credible threat" status by screening the samples for biological, chemical, radiological and explosive content; *Providing chain of custody treatment and secure storage to forensic specimens and samples; *Maintaining appropriate inventories of supplies and reagents to maintain readiness, analyze white powders, and respond to an event; and *Developing and maintaining of a surge system, including the LRN Laboratories and appropriate in-state laboratories.
Est. Completion Date:	08/30/2007

3A::CT1f: Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "BioSafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., MOU) should be established with a neighboring jurisdiction to provide this capacity.

Grantee Activity:	WAPHL has MOU's in place with Seattle King County Public Health Laboratories, Spokane Regional Health District and Washington Animal Diseases Diagnostic Laboratories for the use of their BSL3 laboratories if the WAPHL BSL3 is not functional.
Est. Completion Date:	08/30/2007

3A::CT1g: Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates.

Grantee Activity:	This task is complete and maintenance will be ongoing during the grant year. The task requires oversight by the Responsible Official and Alternate Responsible Official. The secure handling and storage of select agents is critical to the function of the bioterrorism and chemical terrorism response capability at WAPHL. Strict adherence to the Select Agent Rules is mandatory.
Est. Completion Date:	08/30/2007

3A::CT1h: Ensure at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained staff to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF).

Grantee Activity:	The WAPHL currently has instrumentation to perform real-time PCR testing and TRF antigen detection testing. Updated and enhanced instrumentation is rapidly being developed and the WAPHL will maintain its capability to purchase the state-of-the-art equipment as prescribed by the CDC. Maintenance contracts for these instruments will also be purchased in order to assure proper maintenance and function of the instruments. Additional PCR equipment shall be purchased during the grant year to enhance the testing capability of the laboratory in anticipation of multiple responses (pandemic flu and bioterrorism response).
Est. Completion Date:	08/30/2007

3A::CT1i: Ensure the capacity for LRN-validated testing and reporting of Variola major, Vaccinia and Varicella viruses in human and environmental samples either in the public health laboratory or through agreements with other LRN laboratories.

Grantee Activity:	The WAPHL has testing capability for the LRN validated tests for Variola major, Vaccinia and Varicella viruses. Proficiency tests have been successfully performed and will continue through the grant year. The WAPHL has a MOU with the University of Washington Virology Lab covering use of the University's electron microscope to detect evidence of Smallpox infection.
Est. Completion Date:	08/30/2007

3A::CT2: Increase the exchange of laboratory testing orders and results.

Grantee Activity:	The WAPHL monitors turn around time (TAT) to determine the timeliness of result reporting from the WAPHL laboratory to the submitter. Improved instruments and the LIMS will help to improve TAT in the coming grant year.
Est. Completion Date:	08/30/2007

3A::CT2a: Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab (i.e., feedback and linking of results to relevant public health data) with a copy to CDC as appropriate.

Grantee Activity:	The ability to report results electronically to all submitters to the WAPHL is being developed. The BioWatch laboratory is using the LRN Messenger 2. Compliance with public health agency (or
--------------------------	--

	public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab will be both affected and monitored via the combined LIMS and SECURES or other electronic network as part of the exercises and drills held throughout the grant year. The interface between the systems shall be designed and attempted during this grant year.
Est. Completion Date:	08/30/2007

3A::CT2b: Comply with PHIN Preparedness Functional Areas Connecting Laboratory Systems and Outbreak Management to enable: a) the linkage of laboratory orders and results from sentinel/Level Three and confirmatory LRN labs to relevant public health (epi) data and b) maintenance of chain of custody.

Grantee Activity:	DOH will complete configuration of the LIMS for use in both CT and BT areas. This will include implementation of the latest LRN software system and the ability to send and receive results using HL7.
Est. Completion Date:	08/30/2007

Goal 4: Detect and Report

Improve the timeliness and accuracy of communications regarding threats to the public's health

Capability 4A: 4A: Health Intelligence Analysis and Production

4A::CT1: Increase source and scope of health information.

Grantee Activity:	Regional epidemiologists will facilitate LHJ personnel access to sources of health information such as EPI-X and ProMed. DOH will identify and integrate additional data sources for syndrome monitoring into existing surveillance systems. State, regional and local epidemiologists will continue to monitor BioSense and follow up on aberrations detected. DOH epidemiologists will monitor ESSENCE and address anomalies in collaboration with LHJs.
Est. Completion Date:	08/30/2007

4A::CT2: Increase speed of evaluating, integrating, analyzing for, and interpreting health data to detect aberrations in normal data patterns.

Grantee Activity:	PHIMS, the electronic disease reporting system that has increased the ability to manage/track cases and has improved the timeliness of reporting, will be used by all local health jurisdictions. Three regions will continue to routinely compare syndromic surveillance data with traditionally reported data to assess the sensitivity of their syndromic surveillance systems. The DOH-based ESSENCE system and BioSense will be routinely monitored for aberrations in disease patterns and anomalies will be investigated in collaboration with local health jurisdictions.
Est. Completion Date:	08/30/2007

4A::CT3: Improve integration of existing health information systems, analysis, and distribution of information compliant with PHIN Preparedness Functional Area Early Event Detection, including those systems used for identification and tracking of zoonotic diseases

Grantee Activity:	DOH will continue routine testing of the PHIN MS software with CDC. DOH will work with the states of Oregon and Alaska to establish a PHIN MS link for the sharing of laboratory results between these jurisdictions. DOH will begin the design process for integrating PHIMS and PHRED, with a functional design developed by the end of the grant period.
Est. Completion Date:	08/30/2007

4A::CT4: Improve effectiveness of health intelligence and surveillance activities.

Grantee Activity:	DOH will distribute HAN alerts from the CDC and other sources via WA-SECURES (BTRS from Global Alert). This system better assures that high level alerts reach at least one person identified as having a critical role in every LHJ within the required time frame. Work will continue to incorporate the second level of alerting (from LHJ to public health partners) into SECURES. Efforts will be made to increase the scope of information received related to regional, national and global outbreaks of infectious diseases to heighten surveillance and conduct local case finding. Such sources of health intelligence information will include EPI-X, ProMED, the CDC foodborne disease listserv and media alerts.
Est. Completion Date:	08/30/2007

4A::CT5: Improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency.

Grantee Activity:	Local health jurisdictions will conduct outreach to reporting sources, including hospital liaisons and veterinarians, to increase reporting of notifiable conditions and suspicious symptoms, illnesses and circumstances that may be indicative of a public health emergency. Regional epidemiologists will assist local health jurisdictions in improving reporting of notifiable conditions and will provide surge capacity during periods of higher than normal communicable disease cases/outbreaks and during local public health emergencies. Outreach efforts will be documented in the annual surveillance system evaluation and in progress reports submitted to DOH.
Est. Completion Date:	08/30/2007

Grantee Activity:	The contract with the Washington Poison Center for suspicious poisoning event reports will be renewed in the upcoming grant year on a performance basis.
Est. Completion Date:	08/30/2007

4A::CT5a: Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events compliant with PHIN Preparedness Functional Area Early Event Detection.

Grantee Activity:	DOH will complete implementation of PHIMS with the 3 remaining counties King, Thurston, and Grays Harbor. DOH will continue to maintain and enhance PHIMS for surveillance use in Washington State. DOH will continue to operate and maintain ESSENCE for use by the state and LHJs. DOH has submitted the PHIN certification self assessment worksheets to CDC and will work
--------------------------	---

	with CDC on completing the certification of PHIMS and ESSENCE.
Est. Completion Date:	08/30/2007

4A::CT6: Increase number of local sites using BioSense for early event detection.

Grantee Activity:	Approximately 19 state and local users currently maintain subscriptions to BioSense and have access to WA data. The DOH administrator will continue to assist state, regional and local public health personnel in accessing BioSense. State and local health departments will continue to investigate and follow up on sentinel infection reports and participate in CDC BioSense training. Efforts will be made to increase the number of BioSense users statewide.
Est. Completion Date:	08/30/2007

Goal 5: Investigate

Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Capability 5A: 5A: Epidemiological Surveillance and Investigation

5A::CT1: Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.

Grantee Activity:	PHIMS, a PHIN-compliant system for electronic reporting to DOH of suspect and confirmed cases as well as generic symptoms such as rash, GI illness, etc, will be used by all local health jurisdictions. The state-based ESSENCE system and BioSense will be routinely monitored for aberrations in disease patterns. State and local efforts to enhance surveillance capacity statewide will continue.
Est. Completion Date:	08/30/2007

5A::CT2: Conduct epidemiological investigations and surveys as surveillance reports warrant.

Grantee Activity:	Local health jurisdictions will continue to develop epidemiology response plans to include procedures for enhanced surveillance during a public health event and are expected to annually review and update (as necessary) their communicable disease procedure manuals, including disease investigation protocols for all categories of disease. DOH will update notifiable condition investigative guidelines for all reportable diseases which will be used as a reference for local health jurisdictions. The time to initiate epidemiology investigations from receipt of initial reports will be measured in the annual surveillance system evaluation.
Est. Completion Date:	08/30/2007

5A::CT3: Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.

Grantee Activity:	Local, regional and state communicable disease investigators will coordinate and direct surveillance and testing for biological threats. Other state and local programs will have to be designated to coordinate and direct isolation, quarantine, immunization and prophylaxis activities as well as any activities related to chemical, nuclear, radiological, agricultural and food threats. DOH is collaborating with the Department of Agriculture on Avian Influenza surveillance policy and procedure development.
Est. Completion Date:	08/30/2007

5A::CT4: Have or have access to information systems for outbreak management that capture data related to cases, contacts, investigations, exposures, relationships and other relevant parameters compliant with PHIN preparedness functional area Outbreak Management

Grantee Activity:	DOH has three systems for use in outbreak management, the CDC OMS software system, PHIMS and EPI CALLS. DOH has submitted the initial self assessment worksheet for Outbreak Management and will work with CDC to complete the PHIN compliance. Regional epidemiology coordinators will assist the DOH in evaluating available outbreak management systems, including the CDC Outbreak Management System, and determine a plan to implement an appropriate system. The regional epidemiology coordinators will: 1) receive training in outbreak management
--------------------------	--

	systems coordinated by the DOH, 2) conduct an assessment of current LHJ outbreak management systems on an assessment tool developed by DOH, and 3) collect and forward LHJ outbreak management templates/programs to DOH as available.
Est. Completion Date:	08/30/2007

Goal 6: Control

Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Capability 6A: 6A: Communications

6A::CT1: Decrease the time needed to communicate internal incident response information.

Grantee Activity:	The Department of Health (DOH) Public Health Emergency Preparedness and Response (PHEPR) program will continue to develop and maintain the All Hazards Comprehensive Emergency Management Plan (CEMP). The CEMP describes DOH's roles and responsibilities regarding internal incident response information in the form of job action sheets. They address internal incident response communication efforts. These job action sheets are routinely reviewed and updated as necessary. DOH CEMP includes an alerting process for various types of emergency responses. Each appendix in the CEMP identifies the communications process. This aids in the speed in which communications will occur. Job action sheets will continue to be developed as additional portions of the plan are completed. Efforts to decrease time needed for communication will be monitored and documented during actual events and/or the annual state full scale bioterrorism exercise. The PHEPR planning program area offers technical assistance to local health jurisdictions (LHJs) in regard to planning. LHJs are required to develop similar job action sheets that are applicable for local response. These documents are then reviewed routinely and updated based on actual events and the annual required exercise. The local jurisdictions will be required to measure, document, and report response times to establish baselines and monitor future improvements. Regular exercises will be done to improve response time.
Est. Completion Date:	08/30/2007

Grantee Activity:	The co-location of the Washington State Public Health Laboratories with the Division of Communicable Disease Epidemiology facilitates the communication of internal incident response. Regular meetings are held with response personnel from both divisions.
Est. Completion Date:	08/30/2007

6A::CT1a: Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion.

Grantee Activity:	The DOH CEMP and EOC Emergency Operation Plans contain job action sheets that depict communication activities and logs to be kept within the EOC during an emergency response. These job action sheets pertain to all major EOC positions and relevant tasks associated with those positions and outline the process for assigning tasks and coordinating the allocation of resources. These position and activity descriptions are routinely reviewed and are exercised regularly and this will continue during the grant period. If an actual event occurs, lessons learned and best practices will be incorporated into existing documents. The PHEPR planning program area provides technical assistance to LHJs to develop, maintain and update comparable job action sheets and position descriptions.
Est. Completion Date:	08/30/2007

6A::CT2: Establish and maintain response communications network.

Grantee Activity:	A system is in place whereby appropriate notification can be made and a public health emergency response can be initiated anywhere in the state any time of the day or night 365 days per year to appropriate public health partners and the public as needed. DOH will continue to maintain a 24/7 system to receive and evaluate urgent disease reports; rapidly and effectively investigate and respond to a potential terrorist event; incorporate 24/7 system enhancements and into state public health emergency response plans. Participate with the PHEPR program area epidemiology and surveillance response to survey and annually test each LHJ's capability. Working with the PHEPR program area information technology in managing the new technological tools. PHEPR program areas will develop and adopt standard business rules and protocols for the use of WA-SECURES in transmitting health alerts among and between DOH, LHJs and other public health partners. DOH will continue to expand the deployment of WA-SECURES health alerting capacity to
--------------------------	--

	other DOH public health partners (state agencies) and neighboring state and Canadian health agencies. In addition, DOH is piloting WA-SECURES with three of Washington's twenty-nine tribes. Results of this pilot will be used to assist in the expansion to the other tribes as appropriate. DOH is also developing a plan for deploying WA-SECURES in each participating hospital. DOH will continue to review the Red and Blue contact books to better assure that they are up to date and publish new versions if conditions warrant. LHJs will continue to maintain a system to have a live person (not answering machines or pagers) receive emergency messages 24/7 who has the ability to activate a public health emergency response. LHJs will be responsible for submitting changes in contact information to DOH. LHJs will participate in regular system tests. Using HRSA funds, all participating hospitals have had satellite phones installed for redundant communications purposes among themselves, public health jurisdictions, and emergency management agencies. Communication devices maintained and/or acquired by local, regional, and state public health agencies will be tracked in a database at DOH.
Est. Completion Date:	08/30/2007

6A::CT3: Implement communications interoperability plans and protocols.

Grantee Activity:	The PHEPR program will develop an interface and interoperability between the web based applications for notifiable conditions (PHIMS), electronic exchange of public health data (PHRED), alert notification (WA-SECURES), Emergency System for the Advanced Registration of Volunteer Health Care Personnel (ESAR-VHP), the laboratory information management system (LIMS) and other surveillance systems (active, passive, or syndromic) in use by DOH, local PH and hospitals, as appropriate. These activities will be done through identifying business requirements, developing a business plan, determining technical requirements, and building and testing functionality as time and resources permit. Regional and local health jurisdictions will be strongly encouraged to participate in monthly user group meetings and business analysis advisory groups.
Est. Completion Date:	08/30/2007

6A::CT4: Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.

Grantee Activity:	DOH will continue to: 1) assess and assure 24/7 connectivity and communications between DOH,
--------------------------	--

	LHJ's, hospitals and emergency management agencies; 2) monitor the availability of at least three types of redundant communications capability (for example, e-mail, voice-mail, satellite phones, radio) are in place in DOH, LHJ's and hospitals, and that these connect with existing emergency management communications systems and 3) assess the ability of DOH to establish Internet-based alerting mechanisms with LHJs and for LHJs to establish Internet-based alerting mechanisms with their key stakeholders. The SECURES system used for emergency alert and notification offers the opportunity to communicate via email, phone, and pager. The system at the state level can be run from a wireless connection off the web and also has a redundant site with a different ISP provider. Additionally, the agency EOC can operate on generator power which means DOH can communicate even if the main power source is out.
Est. Completion Date:	08/30/2007
Grantee Activity:	DOH will conduct 2 drills testing the functionality and operational status of the DOH and LHJ Satellite phones during the grant period.
Est. Completion Date:	08/30/2007

6A::CT5: Increase the number of public health experts to support incident command (IC) or unified command (UC).

Grantee Activity:	DOH has provided training on CEMP and emergency response awareness and roles to all DOH staff. Having all DOH staff trained on CEMP and awareness, broadens the pool of staff to participate in actual events. Staff who have specific roles during an emergency in the DOH EOC, and those that will act as liaisons, will continue to receive additional training as appropriate. These staff will participate in exercises as needed. Online ICS training is now available through the learning management system. Instructor lead ICS training is also taking place at the local, regional and state levels.
Est. Completion Date:	08/30/2007
Grantee Activity:	The WAPHL and CD Epi shall provide public health experts to support the incident command system for both the Washington State Department of Health, and for the Office of Risk and of Emergency Management (OREM).
Est. Completion Date:	08/30/2007

6A::CT6: Increase the use of tools to provide telecommunication and information technology to support public health response.

Grantee Activity:	The WA-SECURES User Group comprised of DOH, regional and local public health staff, will refine standard business rules and protocols for the use of WA-SECURES in transmitting urgent public health message alerts. WA-SECURES Project staff will continue to support WA-SECURES across DOH divisions and programs as a tool to meet emergency communication needs. DOH will work with other internal and external jurisdictions for the purpose of establishing mutually beneficial emergency communications procedures. The state will also provide training as appropriate for DOH and LHJ staff. DOH will work with the WA-SECURES User Group and LHJs to determine anticipated future WA-SECURES license requirements. Hardware and software will be maintained and new technologies in communications devices will be evaluated. LHJs will complete their plans for emergency communications with public health partners in their jurisdictions and exercise those plans. DOH will conduct regular alerting tests with LHJs and other internal and external jurisdictions per DOH and local PHEPR communication plans. Border emergency response partners will be identified and communication testing procedures defined. LHJs will identify and support a WA-SECURES Local SysAdmin. DOH will provide and Local and Regional staff will attend WA-SECURES training as needed and available.
Est. Completion Date:	08/30/2007

6A::CT6a: Ensure that the public health agency has "essential service" designation from their telephone provider and cellular telephone provider.

Grantee Activity:	Costs associated with essential service designation are currently being researched and analyzed. The following DOH telephone systems in the departments' headquarters are designated as requiring essential service: The Office of the Secretary, DOH Emergency Operations Center, DOH Emergency Call Center, and Office of Risk and Emergency Management. The Public Health Laboratory and the primary RSS facility have also been designated as essential service designation. Once costs are thoroughly analyzed DOH will proceed with obtaining needed essential service designations. DOH will continue to participate in the Government Emergency Telecommunications Service (GETS). Lead and non-lead local health jurisdictions will be highly encouraged to participate in the GETS or a comparable program. Cellular telephone priority is currently being purchased.
--------------------------	---

Est. Completion Date:	08/30/2007
------------------------------	------------

6A::CT6b: Ensure that the public health agency has priority restoration designation from their telephone provider.

Grantee Activity:	DOH is currently seeking priority restoration designation from the local phone provider for internal lines and is assessing the needs for external line restoration designation. DOH will continue to work with the vendor to better assure that the current list of priority internal lines to be restored is updated constantly. The agency will work with the vendor to put into place a plan for restoring priority external lines.
Est. Completion Date:	08/30/2007

6A::CT6c: Ensure that the public health agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's households (e.g., play a recorded message to callers, transfer callers to a voice mail box or answering service)

Grantee Activity:	State program area staff and Regional Emergency Communication Liaisons will continue to develop and maintain Emergency Call Center and recorded hotline resources to better assure statewide coverage. Training and information resource development for emergency call center staff will continue, including sharing best practices (developed through state and local testing) statewide. The state will continue to recruit, maintain and train our roster of agency call center volunteers, and will work with other state agencies and local public health partners to explore strategies for expanding capacity. DOH will continue to maintain and regularly test the agency's Emergency Call Center (20 lines), Language Line and TTY capabilities, and support call center efforts in key regions. DOH also continue to maintain and support local and state recorded emergency hotline(s), and to promote the CDC's general public call center as an ongoing resource for the general public. Staff will also continue to support mental health resource planning efforts with the Department of Social and Health Services, and related county organizations. Efforts to develop phone center scripts and resources for emerging public health issues (including pandemic influenza) will continue, and resources will be shared throughout system (including local health, hospitals, tribes and other partners). Working with Regional Emergency Communications Liaisons, staff will continue to develop mutual support protocols and new state/local strategies to assist in building capacity. Additionally, DOH will continue to promote the need for hotline capabilities as
--------------------------	--

	part of risk communication planning in order to encourage partners (hospitals, tribal health clinics, schools and other community organizations) to develop this resource. DOH will also participate in national call center initiatives (through NPHIC), and continue discussion with statewide 211 group. Staff will develop protocols for message coordination with other call centers that may receive calls about public health issues (such as 911, nurse lines, WA Poison Control Center, state/county/city Joint Information Centers). Systems will be tested through state and local level exercises, as well as real information events.
Est. Completion Date:	08/30/2007

6A::CT7: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.

Grantee Activity:	DOH will conduct regular tests in conjunction with other program areas to better assure 24/7 alert and notification systems are fully functional. Alerting and notification is implemented by using the WA-SECURES system. Oversight of managing this technology is coordinated by the Office of Risk and Emergency Management with support from the DOH IT office. DOH has completed the PHIN self assessment worksheet. During this period DOH will work with CDC to complete PHIN certification on the DOH SECURES system. Lead and non-lead local health jurisdictions will continue to maintain a system to have a live person (not answering machines or pagers) receive emergency messages 24/7 who has the ability to activate a public health emergency response. Locals will participate in regular system tests. DOH will work to expand the system to include the users of the applications, PHIMS and PHRED.
Est. Completion Date:	08/30/2007

Capability 6B: 6B: Emergency Public Information and Warning

6B::CT1: Decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions, or other special health care needs, requiring attention.

Grantee Activity:	<p>Activities in this critical task will be coordinated with other Public Health Emergency Preparedness and Response program areas to better assure comprehensive and consistent strategies. Additionally, related activities will be coordinated with internal agency programs and external organizations serving special needs communities. DOH will further develop and maintain a seamless system of public health information dissemination and communication resources using risk communication strategies and protocols (developed under CDC's CERC guidelines). State program area staff and Regional Emergency Communications Liaisons will continue to develop strategies to improve outreach on critical public health issues statewide by reviewing gaps and implementing recommendations to increase surge capacity. Continued development and enhancement of Web library of emergency materials (including translations into Spanish, Korean, Chinese, Vietnamese and Russian). Continued development of fact sheets and other materials in a variety of formats targeted toward general public and special needs communities; specific activities to include initiatives outlined in CDC's Special Populations Workbook, focus groups on emerging issues (such as Pandemic Influenza) and partnerships with organizations serving special populations to increase effectiveness of materials and outreach capacity statewide. Continued development of talking points and other information resources on emerging public health issues for public health staff and system partners. Ongoing editorial review of materials to meet state agency "plain talk" standards; continued work with state agency and internal "plain talk" initiative team. State program area staff and Regional Emergency Communication Liaisons will continue tests to assess statewide emergency risk communication and information dissemination capacity. Hold bi-monthly phone conferences and bi-annual in-person meetings with Regional Emergency Communications Liaison Network to further develop and enhance statewide outreach strategies, and to share best practices—including building on local efforts to better serve special populations. Enhance regular system of public information officer (local, border state and British Columbia) and risk communication staff information-sharing opportunities. Continue to develop hospital and local medical/health center outreach in partnership with the Washington State Hospital Association, the agency's Office of Rural Health and others. With the Washington State Department of the Military's Emergency Management Division, DOH is establishing a public outreach steering committee with representatives from state agencies in order to better assure consistent messaging on critical issues and to develop new outreach channels to populations with special needs. DOH will integrate this work into ongoing initiatives such as the Strategic National Stockpile, Cities Readiness Initiative and pandemic influenza planning.</p>
Est. Completion Date:	08/30/2007

6B::CT1a: Advise public to be alert for clinical symptoms consistent with attack agent.

Grantee Activity:	Activities include but are not limited to: Continued development and enhancement of Web library of emergency materials (including translations). Continued development of fact sheets and other materials in a variety of formats targeted toward general public and special needs communities. Continued development of talking points and other information resources on emerging public health issues for public health staff and system partners. Continue to test emergency translation resources and community-review mechanisms; continue to review materials under state's "plain talk" guidelines to help assure readability. Continue with implementing translation and community review process for fact sheets and materials regarding pandemic influenza and other emerging issues. Additionally, staff will continue working closely with community groups to develop and test full complement of SNS-related materials. DOH will continue to make these resources—along with links to translated CDC materials—available through our Web based library. Regional emergency communication liaisons will continue to work with local communities to assist in assessing special population needs (including translations). Staff will regularly work with CD Epi staff to better assure clinical symptom info is edited for general public. DOH will continue working with local health jurisdictions to coordinate key messages and media/community outreach on emerging issues. Staff will continue working on a resource guide for statewide distribution with information on all agents to augment information on the Web library for local health and system partners. Partnering with the WA State Dept. of the Military's Emergency Management Division (EMD), DOH will develop a state agency steering committee to further coordinate key messages on emerging issues such as pandemic influenza. DOH will also continue our partnership with EMD to produce revised and expanded edition of Emergency Preparedness Handbooks with information for the public on emergency topics from Anthrax to Windstorms. The handbook—and other materials, including a newly developed pandemic influenza guide for individuals and families—will have wide distribution through local health, media channels, business organizations (including Washington State Hospital Association and Pharmacy Association), school districts, community organizations, local governments, and other partners. Staff will continue to expand and test outreach strategies statewide.
Est. Completion Date:	08/30/2007

6B::CT1b: Disseminate health and safety information to the public.

Grantee Activity:	<p>DOH will further develop and maintain a seamless system of public health information dissemination and communication resources using risk communication strategies and protocols (developed under CDC's CERC guidelines). Activities include but are not limited to: state program area staff and Regional Emergency Communication Liaisons will continue to enhance and test list of communication channels for reaching stakeholders, partners, general public and special needs communities with critical health information (both pre-event and during a crisis). State program area staff and Regional Emergency Communication Liaisons will work with appropriate state, regional and local staff to better assure emergency communication plans are complete and provide a comprehensive outreach network for the state. The program will continue to enhance and expand regular system of public information officer (state, border state and British Columbia) and risk communication staff information-sharing opportunities. Further develop and maintain Public Information Go Kits for all key staff (kits will contain contact resource booklet with fact sheets, talking points, Q&A and other materials on critical issues, as well as necessary equipment). Staff will continue to build an extensive Web library for the general public (including translated materials), stakeholders and partners, and to expand information dissemination strategies in partnership with local health, tribes, schools, hospitals and other system partners. Continued development of fact sheets and other materials in a variety of formats targeted toward general public and special needs communities; specific activities to include initiatives outlined in CDC's Special Populations Workbook, focus groups on emerging issues (such as Pandemic Influenza) and partnerships with organizations serving special populations to increase effectiveness of materials and outreach capacity statewide. Ongoing editorial review of materials to meet state agency "plain talk" standards; continued work with state agency and internal "plain talk" initiative team. Working with the regional emergency communication liaison network and public information staff statewide, DOH will improve coordination of key messages throughout public health system for consistency. Partnering with the WA State Dept. of the Military's Emergency Management Division (EMD), DOH will develop a state agency steering committee to further coordinate key messages on emerging issues such as pandemic influenza. DOH will also continue our partnership with EMD to produce revised and expanded edition of Emergency Preparedness Handbooks with information for the public on emergency topics from Anthrax to Windstorms. The handbook—and other materials, including a newly developed pandemic influenza guide for individuals and families—will have wide distribution through local health, media channels, business organizations (including Washington State Hospital Association and</p>
--------------------------	--

	Pharmacy Association), school districts, community organizations, local governments, and other partners. Staff will continue to expand and test outreach strategies statewide.
Est. Completion Date:	08/30/2007

6B::CT1c: Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's population.

Grantee Activity:	State program area staff and Regional Emergency Communication Liaisons will continue to develop and maintain Emergency Call Center and recorded hotline resources to better assure statewide coverage. Training and information resource development for emergency call center staff will continue, including sharing best practices (developed through state and local testing) statewide. The state will continue to recruit, maintain and train our roster of agency call center volunteers, and will work with other state agencies and local public health partners to explore strategies for expanding capacity. DOH will continue to maintain and regularly test the agency's Emergency Call Center (20 lines), Language Line and TTY capabilities, and support call center efforts in key regions. DOH also continue to maintain and support local and state recorded emergency hotline(s), and to promote the CDC's general public call center as an ongoing resource for the general public. Staff will also continue to support mental health resource planning efforts with the Department of Social and Health Services, and related county organizations. Efforts to develop phone center scripts and resources for emerging public health issues (including pandemic influenza) will continue, and resources will be shared throughout system (including local health, hospitals, tribes and other partners). Working with Regional Emergency Communications Liaisons, staff will continue to develop mutual support protocols and new state/local strategies to assist in building capacity. Additionally, DOH will continue to promote the need for hotline capabilities as part of risk communication planning in order to encourage partners (hospitals, tribal health clinics, schools and other community organizations) to develop this resource. DOH will also participate in national call center initiatives (through NPHIC), and continue discussion with statewide 211 group. Staff will develop protocols for message coordination with other call centers that may receive calls about public health issues (such as 911, nurse lines, WA Poison Control Center, state/county/city Joint Information Centers). Systems will be tested through statewide and local exercises, as well as real information events.
Est. Completion Date:	08/30/2007

6B::CT2: Improve the coordination, management and dissemination of public information.

Grantee Activity:	<p>State program area staff and Regional Emergency Communication Liaisons will continue to work with appropriate state, regional and local staff to coordinate state, regional and local emergency communication plans, including plans for emerging issues such as pandemic influenza. DOH will continue to take a comprehensive approach to risk communication planning and regularly work with key state, local government and non-government emergency response partners to share best practices, plans and protocols. Along with program areas and State/Regional/Local Emergency Response Coordinators, key partners will continue to include hospitals, tribes, school districts, the Washington State Department of the Military, the Washington State Department of Social and Health Services, police, fire, businesses, local Red Cross chapters, nonprofit agencies serving homeless and transient populations, local governments, and other agencies and organizations. State program area staff and Regional Emergency Communication Liaisons will continue to provide risk communication and spokesperson training to public health and system partners including hospitals and tribes, and will continue to place emphasis on expanding partner training to build communication outreach channels with key groups. Program staff will hold bi-monthly phone conferences and bi-annual in-person meetings with Regional Emergency Communications Liaison Network. DOH will maintain and expand regular briefing opportunities established with partners (in-person, scheduled meetings, phone conferences, e-mail updates and e-newsletters) including state and local public health communications groups, Cross-Border Communications Workgroup (Washington, British Columbia, Alberta, Yukon, Alaska, Idaho, Montana), Washington State Hospital Association and state agency committees. Staff will maintain and continue to expand Web libraries for local and regional health partners (including extensive sites for Strategic National Stockpile communications initiatives, pandemic influenza and other emerging issues), and promote consistent messaging throughout emergency response system. Along with external resources, DOH will maintain an extensive intranet site to inform agency staff of activities, and to promote consistent messages throughout programs on public health emergency issues. Staff will also continue review of materials/plans to meet NIMS standards and state "plain talk" standards, and will coordinate release of talking points and other resources on emerging issues throughout public health and partner system. Staff will also work to assure staff compliance with NIMS training requirements.</p>
Est. Completion Date:	08/30/2007

6B::CT3: Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event.

Grantee Activity:	Activities are being coordinated with the Washington State Department of Social and Human Services (DSHS) which is the state lead for developing the State Mental Health Plan (including responding to psychosocial consequences of an event). Activities also cross cut with appropriate HRSA Grant Critical Benchmarks. Activities include but are not limited to: expanding regional hospital plan mental health sections, establishing a mental health workgroup, evaluate/expand mental health in CEMP, coordinate with ESAR-VHP efforts to include mental health professionals, develop mental health preparedness tool kit, and promote mental health components for state/regional/local treatment. Information regarding psychosocial issues is sent out via WA-SECURES and other communication tools, as appropriate per the Risk Communication section of the agency's Comprehensive Emergency Management Plan (CEMP). DOH continues to support mental health resource planning efforts with the Department of Social and Health Services, and related county organizations. Staff has assisted local health jurisdictions in developing training resources for local health jurisdictions. Staff will continue to expand Web library of related resources for internal and external partners. Regional emergency communication liaisons will continue to build partnerships and coordinate with related local organizations using the CDC's workbook for developing tools for special populations. DOH continues to include these issues in our statewide risk communication courses, exercises and planning efforts. DOH will continue to expand resources to assist with this initiative as part of the Patient Education Toolkit for Strategic National Stockpile activities.
Est. Completion Date:	08/30/2007

6B::CT4: Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.

Grantee Activity:	DOH will further develop and maintain a seamless statewide system of public health information dissemination and communication resources using effective risk communication strategies and protocols (using CDC's CERC guidelines); plan includes media relations and appropriate Joint Information Center protocols, including media briefings. Public Information Roundtables –
--------------------------	---

	<p>Convene regional communications staff and system partner roundtables on emerging issues such as pandemic flu, isolation and quarantine. Convene sessions with communication partners from other agencies and organizations on issues that involve public health, such as pandemic influenza. Partnering with the WA State Dept. of the Military's Emergency Management Division (EMD), DOH will develop a state agency steering committee to further coordinate key messages on emerging issues such as pandemic influenza. DOH will continue to establish and test both physical and "virtual" JIC capacities and continue to enhance these capacities. Staff will maintain extensive media lists and a media site on the DOH Internet, and regularly coordinate media outreach with internal and external partners on emerging issues. DOH will collaborate with local health jurisdictions and other system partners, as appropriate, to develop media education opportunities.</p>
Est. Completion Date:	08/30/2007

6B::CT5: Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners.

Grantee Activity:	<p>Activities to be done for this critical task include but are not limited to: state program area staff and Regional Emergency Communication Liaisons will enhance/maintain and test a list of communication channels for reaching stakeholders, partners, general public and special needs communities with critical health information in a crisis, continued development and enhancement of Web library of emergency materials (including translations), continued development of fact sheets and other materials in a variety of formats targeted toward general public and special needs communities, continued development of talking points and other information resources on emerging public health issues for public health staff and system partners. Development of materials is in conjunction with subject matter experts and other public health partners, and will be reviewed to meet state's "plain talk" initiative standards. DOH will continue to take a comprehensive approach to risk communication planning and regularly work with key state, local government and non-government emergency response partners to share best practices, plans and protocols. Along with program areas and State/Regional/Local Emergency Response Coordinators, key partners include hospitals, tribes, school districts, the Washington State Department of the Military, the Washington State Department of Social and Health Services, police, fire, local Red Cross chapters, nonprofit agencies serving homeless and transient populations, local governments, and other agencies and organizations. Regional and local efforts</p>
--------------------------	---

	will also be coordinated through bi-weekly conference calls and regular updates from Regional Emergency Communication Liaisons. Regular, and regular briefing opportunities with all groups (in-person, scheduled meetings, phone conferences, e-mail updates and e-newsletters). DOH will continue to develop enhanced ways to regularly disseminate information to local and regional health partners. Along with external resources, DOH maintains an extensive intranet site to inform DOH staff of activities. Staff will continue to develop internal education opportunities. Staff will continue to develop and deliver versions of risk communication training (based on CDC's CERC model) for a variety of special audiences, from government officials to tribal leadership to school partners. Risk Communication program area staff will continue to work with local and federal partners on Web-based training resources. Staff will continue to work with internal and external partners to better assure shared protocols (as appropriate), and disseminate risk communication resources. With Emergency Management, DOH is developing an outreach steering committee for state agencies. DOH will continue to chair the Cross-Border communications group (with British Columbia, Alberta, Yukon, Alaska, Montana, Idaho), and regularly meet with partners statewide to improve channels and communication systems.
Est. Completion Date:	08/30/2007

6B::CT6: Decrease time needed to disseminate domestic and international travel advisories.

Grantee Activity:	DOH will continue to work closely with our British Columbia and local emergency response partners (including State Patrol, Department of the Military and others, as appropriate) to further develop/enhance a system for quickly disseminating advisories as necessary through Web, media and other channels. DOH will also continue to work on this issue as part of the Cross-Border Communications Workgroup initiative. Additionally these advisories are accessible through the DOH website. DOH will continue to work with external partners and participate in a broad network of resources for advisory dissemination, as appropriate. Protocols will be shared with related federal and local partners.
Est. Completion Date:	08/30/2007

6B::CT7: Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.

Grantee Activity:	DOH will further develop and maintain a seamless statewide system of public health information dissemination and communication resources using effective risk communication strategies and protocols, including increasing the awareness to better assure public, partners and stakeholders understanding of public health's role in emergencies. State program area staff and Regional Emergency Communication Liaisons will continue to compile and disseminate a list of communication channels for reaching stakeholders, including hospitals, rural and tribal health clinics, other clinicians and emergency responders. The PHEPR Epidemiology and Surveillance Response program area will collaborate with Risk Communications staff to provide timely and accurate information via ComDis listserv, the CD Epi and Notify websites, and WA-SECURES. DOH will continue to enhance and maintain call-down lists statewide. With the PHEPR Planning and Preparedness program area, staff will continue to develop and test protocols for Health Alert Network. Risk Communication staff will continue to test hospital notification, state and local agency notification, and media lists. DOH will continue to develop emergency notification protocols for organizations serving special populations, and for cross-border contacts.
Est. Completion Date:	08/30/2007

Capability 6C: 6C: Responder Safety and Health

6C::CT1: Increase the availability of worker crisis counseling and mental health and substance abuse behavioral health support.

Grantee Activity:	DOH Executive Management will engage the state Mental Health and Substance Abuse Agency in discussions to clarify that Agency's role and responsibilities related to planning and implementation of strategies to increase the availability of worker crisis counseling and mental health and substance abuse support. In addition, DOH will promote the Disaster Behavioral Health Training Module, and has partnered with the University of Washington to develop a companion training for hospital staff. Emergency Psychosocial Preparedness will be included in the statewide Public Health Conference. Procedures related to the psychosocial component of the DOHA Pan Flu Plan will be developed, the DOH website enhanced with resources, and staff training provided.
Est. Completion Date:	08/30/2007

6C::CT2: Increase compliance with public health personnel health and safety requirements.

Grantee Activity:	The Department of Health's Comprehensive Emergency Management Plan includes personnel health and safety guidelines in sections such as the Communicable Disease Emergency Response Plan. Ongoing update efforts of the plan will continue. Updating includes determining additional personnel safety policy and protocols needed. Programs that directly respond to hazardous materials such as lab samples, environmental cleanup activities and disease investigation have policies and protocols already in place and provide ongoing training to staff to better assure continued compliance. Lead and non-lead local health jurisdictions and contracted partners will be encouraged to evaluate current health and safety policies and make adjustments to plans, policies, and protocols as appropriate along with encouraging staff to attend training. Respirator training, and first aid and CPR training are on-going.
Est. Completion Date:	08/30/2007

6C::CT2a: Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.

Grantee Activity:	This critical task cross cuts with activities in the HRSA Grant. DOH staff will continue to receive proper PPE and related training for programs that deal specifically with hazardous materials. These programs include Epidemiology and Surveillance Response, Washington State Public Health Laboratories and Environmental Health. Current statements of protocol for such programs include information regarding proper PPE use and other safety related issues. DOH will continue to evaluate whether other public health staff will need PPE. As of now, DOH does not consider it necessary to expand PPE use at the state level. Actual response happens at the local level and DOH encourages local health jurisdictions to collaborate with their respective emergency management agencies to determine appropriate PPE use and distribution. The fifth and final phase of hospitals will receive decontamination and PPE equipment with related training. DOH and LHJs will continue collaborative planning efforts with public health partners which include the emergency management agencies that lead HIVA efforts. Based on HIVA reports, these agencies determine the appropriateness of providing PPE equipment to which programs.
Est. Completion Date:	08/30/2007
Grantee Activity:	WAPHL Staff shall be provided PPE based upon hazard analysis and risk assessments for the

	agents with which they will work.
Est. Completion Date:	08/30/2007

6C::CT2b: Develop management guidelines and incident health and safety plans for public health responders (e.g.; heat stress, rest cycles, PPE).

Grantee Activity:	As mentioned in earlier critical task activities, Washington hospitals are receiving Decon and PPE equipment through a phased approach. The arrival of the equipment is accompanied by appropriate training. This training includes heat stress, rest cycles, etc. The facilities are encouraged to incorporate the recommended precautions and guidelines into their policies and protocols. The hospitals also receive training regarding shipping and handling lab samples, which also includes safety elements and strong recommendations to include these guidelines into their Statement of Protocols (SOPs). The Communicable Disease Emergency Response Plan within the DOH Comprehensive Emergency Management Plan references SOPs that describe appropriate safety measures to be used in the case of handling hazardous materials. Similar SOPs exist for the WA Public Health Laboratory programs and Environmental Health. Ongoing review of existing SOPs will continue and adjustments will be made based on actual events, annual exercises and any changes in federal guidelines. LHJs and contract partners will be highly encouraged to review existing protocols and to update them as appropriate.
Est. Completion Date:	08/30/2007

6C::CT2c: Provide technical advice on worker health and safety for IC and UC.

Grantee Activity:	Worker safety related issues encountered by DOH are addressed through the Office of Risk and Emergency Management as well as the network of internal Safety and Emergency Response Coordinators. Ongoing work to update and maintain the Department of Health Comprehensive Emergency Management Plan will continue. The work group assigned this activity will evaluate the current plan to determine whether this critical task is adequately addressed. If it is not, coordination with the Office of Risk and Emergency Management will occur to make appropriate changes so that DOH can provide technical advice for workers in a response role. Lead and non lead local health jurisdictions will be encouraged to also evaluate current plans to determine whether this is addressed in response plans. Epidemiology investigation staff, laboratory staff and
--------------------------	--

	staff that work with decon equipment have ongoing training in regards to appropriate safety measures to be used in the field. Training will continue as necessary. Local work safety issues that present during a response will be handled by local public health jurisdictions.
Est. Completion Date:	08/30/2007

6C::CT3: Increase the number of public health responders that receive hazardous material training.

Grantee Activity:	DOH staff will continue to receive proper PPE and related training for programs that deal specifically with hazardous materials. These programs include Epidemiology and Surveillance Response, Washington State Public Health Laboratories and Environmental Health. Current statements of protocols for such programs include information regarding proper PPE use and other safety related issues. DOH will continue to evaluate whether other public health staff will be in need of PPE and appropriate hazard materials handling training. DOH will identify public health staff that may receive PPE. DOH and local health jurisdictions continue collaborative planning efforts with public health partners to determine the appropriateness of providing PPE equipment and training to programs that do not have working hazmat training plans.
Est. Completion Date:	08/30/2007
Grantee Activity:	The chemical terrorism response team at WAPHL will send at least one member for live agent training at Anniston, AL.
Est. Completion Date:	08/30/2007

Capability 6D: 6D: Isolation and Quarantine

6D::CT1: Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products.

Grantee Activity:	Activities to determine legal authority to isolate and/or quarantine individuals, groups and facilities have been completed through a thorough legal review of state statutes and laws. Activities related to declaring this authority at the state level is reflected in the DOH Comprehensive Emergency Management Plan. DOH consults with lead and non-lead local health jurisdictions as they determine local authority and work to reflect that authority in their
--------------------------	---

	respective response plans. LHJs are encouraged to fully explore the implications of their authority with local legal counsel. DOH is planning a state-wide policy work session that will address isolation and quarantine issues along with other related items. Assessment of whether there are refinements of current legal authority that would improve implementation of human, animal and food product quarantines legal is ongoing. DOH works with the Department of Agriculture regarding any animal or food related activities. This relationship will continue.
Est. Completion Date:	08/30/2007

6D::CT2: Coordinate quarantine activation and enforcement with public safety and law enforcement, including federal authorities with jurisdiction.

Grantee Activity:	DOH will continue to participate as a member of the State Emergency Management Council (EMC) and as a member of the State Committee on Homeland Security. Participation in both of these committees better assures consistent ongoing planning efforts with the Washing State Emergency Management Division (EMD). These committees have representatives from all public health partner agencies including law enforcement. Discussions and planning efforts are conducted at regularly scheduled meetings. Lead and non-lead LHJ agencies are highly encouraged to participate in the equivalent committees at the local level to better assure comprehensive planning and joint efforts in response to event that will need isolation and quarantine activation. Hospitals and clinics are also encouraged to make those connections as appropriate.
Est. Completion Date:	08/30/2007

6D::CT3: Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined.

Grantee Activity:	The Department of Health will continue to develop the plan to monitor any treatment related reactions and continue to develop an Isolation and Quarantine plan as it relates to those that might encounter a reaction while in quarantine or isolation. DOH will work closely with the local health departments to better assure that their emergency response plans include similar components and will encourage hospitals to further develop their isolation protocols to include a comprehensive monitoring system for those patients in isolation. Currently the DOH Comprehensive Emergency Management Plan contains sections that state policy regarding this
--------------------------	--

	critical task. However, they do need further refinement and continued collaboration with the locals. As of March 2006, a DOH CEMP Isolation and Quarantine Annex is in draft form. DOH has purchased additional Emergency Preparedness and Response Modules that will fit seamlessly with the larger Child Profile Immunization Registry (CPIR). The system is built on the same integration architecture as CPIR, promoting local data migration. The "system" consists of three modules: the First Responders Module, and two Mass Immunizations Modules. The system includes vaccine management and administration features, as well as the capability to track and record the dispensing of medications, and to record and report on adverse reactions and contraindications. Roll out of these registry modules will continue as scheduled throughout the fiscal year. Simultaneously, work to explore alternatives to bring the system into CRA compliance will also continue.
Est. Completion Date:	08/30/2007

6D::CT4: Coordinate public health and medical services among those who have been isolated or quarantined.

Grantee Activity:	This critical task contains opportunities to cross connect with the Washington State healthcare system and to draw from the activities described within the HRSA bioterrorism grant. These activities will continue to be collaboratively conducted with external partners such as the Washington State Hospital Association, hospitals, and clinics. Activities for this critical task also involve pieces from the volunteer efforts. Regional and local public health jurisdictions work closely with area hospitals to boost local planning efforts and healthcare coalition development. This includes but is not limited to further developing the volunteer database for medical surge personnel to be used as necessary, update regional hospital plans, acquire/update appropriate equipment, augment existing facilities, evaluate the overall regional capacity, identify facilities or systems to augment hospital isolation capacity, and further developing appropriate risk communication materials. DOH will continue to provide technical assistance as needed and further encourage the locals and hospitals to establish appropriate MOUs and to continue to refine already established protocols.
Est. Completion Date:	08/30/2007

6D::CT5: Improve comprehensive stress management strategies, programs, and crisis response teams among those who

have been isolated or quarantined.

Grantee Activity:	The Department of Social and Health Services leads the planning efforts for all mental health response issues which include those stemming from isolation and quarantine. DOH and local public health jurisdictions, along with local area hospitals will continue to refine stress management strategies and incorporate them into the appropriate sections of their emergency response plans. Locals will continue to be encouraged to work with their Resource Service Network partners to better assure a strong collaborative approach to all mental health issues. As training opportunities regarding mental health response become available, DOH will continue to work with Regional Learning Specialists to coordinate training efforts. An All Hazards Mental Health Plan, and a mental health annex for the DOH and state CEMP ESF-8 have now been developed. Both of these will provide guidance and direction for isolation and quarantine situations. In addition, the Disaster Behavioral Health training module has been approved for CDC CEU, and will be promoted for online use by both CDC and Washington's SmartPH LMS. Materials will be provided for a mental health annex to the DOH CEMP.
Est. Completion Date:	08/30/2007

6D::CT6: Direct and control public information releases about those who have been isolated or quarantined.

Grantee Activity:	Further development of the Isolation and Quarantine planning efforts will continue which will include risk communication responsibilities. The Department will only disclose individually identifiable health information consistent with state and federal law. Ongoing efforts to further develop and maintain a seamless statewide system of public health information dissemination and communication resources using effective risk communication strategies and protocols, will continue. Activities will include but are not limited to: develop regular system of public information officer (state, border states and Canadian provinces) and risk communication staff information-sharing opportunities, continue development and enhancement of Web library of emergency materials (including translations), continued development of fact sheets and other materials in a variety of formats targeted toward general public and special needs communities, and continue development of talking points and other information resources on emerging public health issues for public health staff and system partners. DOH will continue work with Sea-Tac Airport and CDC-DQ to build shared public communications plans and protocols for communicable disease cases (suspected and actual) on incoming flights. The program staff will continue to work
--------------------------	---

	with the Regional Communication Liaisons and local health departments to better assure that these resources are in place. DOH will maintain its comprehensive Risk Communication program and will continue to work closely with Regional Communication Liaisons on technical assistance, resource management and training issues as well as on refining existing protocols and communication resources. DOH will continue to develop information on these topics for our Web resource library, and to meet with local, regional and federal partners to discuss related issues and protocols. DOH will continue to work with partners—such as the Department of the Military's Emergency Management Division—to better assure collaboration and public health control of related information in an emergency event.
Est. Completion Date:	08/30/2007

6D::CT7: Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.

Grantee Activity:	PHEPR Risk Communication program area staff will continue efforts with Regional Communication Specialists to further develop and maintain a seamless statewide system of public health information dissemination and communication resources using effective risk communication strategies and protocols, which includes communication to the public regarding risk and protective actions. Activities include but are not limited to: maintain a regular system of public information officer (state, border states and Canadian provinces) and risk communication staff information-sharing opportunities, continued development and enhancement of Web library of emergency materials (including translations and resources for special needs populations), continue development of fact sheets and other materials in a variety of formats targeted toward general public and special needs communities, continue development of talking points and other information resources on emerging public health issues for public health staff and system partners. DOH will also maintain an emergency call center, volunteer roster, and training. DOH currently has a comprehensive Risk Communication program and will continue to work toward refining existing protocols and existing communication resources with partners statewide. Staff continue to enhance and maintain the extensive Web library (including translated materials) and regularly distribute information to public health and system partners for local use. Staff have developed templates and other tools to assist in decreasing dissemination time in an actual event. DOH continues to develop partnerships with hospitals, tribes, local governments, community organizations and others, and to co-chair communications workgroups to further enhance this
--------------------------	--

	capacity.
Est. Completion Date:	08/30/2007

6D::CT8: Have or have access to information systems to collect, manage, and coordinate information about isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration

Grantee Activity:	DOH is currently working with the CDC to achieve PHIN compliance with a number of information technology resources, including tracking mechanisms. DOH staff will continue these efforts through collaborative planning with internal and external partners and communication with the CDC. DOH has also purchased emergency preparedness modules for the vaccine registry system. These modules were originally planned as a mass prophylaxis/vaccination system. DOH has selected a system provided by Scientific Technologies Corporation that integrates with Washington's Child Profile Vaccination Registry. Work on implementation is currently underway. Future plans include full CRA compliance.
Est. Completion Date:	08/30/2007

Capability 6E: 6E: Mass Prophylaxis

6E::CT1: Decrease the time needed to dispense mass therapeutics and/or vaccines.

Grantee Activity:	The PHEPR Planning and Preparedness program area will continue to work with Local Health Jurisdictions (LHJs) and Regional SNS Leads to update their mass prophylaxis plans filling in gaps and incorporating lessons learned through local and regional exercises. Activities to achieve this include but are not limited to: LHJs will continue efforts to complete written agreements with all designated POD sites, LHJs will establish core staffing (roster of primary and backup personnel) for all PODs, implement the Standardized Job Action Sheets (JAC) in the local SNS Plan and procedures, take advantage of training opportunities related to SNS planning, training, or procedures, and conduct a dispensing drill of the local SNS Mass prophylaxis plan. Regional staff will attend quarterly Regional SNS Coordinator meetings and disseminate appropriate information to LHJs and hospitals as appropriate. State SNS Coordinator will continue to offer technical
--------------------------	---

	assistance to LHJ's and coordinate the information sharing activities of the Regional SNS Coordinators. State CRI Coordinator will continue to support the activities of the CRI jurisdictions. DOH will implement the SECURES alerting system to alert DOH RSS staff. Additionally, DOH will refine and test its capability to operate the State Reception, Staging and Storage Center and to request, receive and deploy the SNS during a full scale bioterrorism exercise in 2007.
Est. Completion Date:	08/30/2007

6E::CT1a: Implement local, (tribal, where appropriate), regional and state prophylaxis protocols and plans.

Grantee Activity:	The PHEPR Planning and Preparedness program area staff work closely with regional, local health jurisdictions and tribal nations to provide technical assistance in the refinement of SNS planning and developing exercises as they related to either a SNS exercise or a flu vaccine clinic. Activities for the regions and locals include but are not limited to: each region will continue having a designated Regional SNS Coordinator who will assist LHJ's in their SNS planning, exercise and implementation, network of Regional Coordinators will continue meeting quarterly to assess progress towards statewide readiness and sharing best practices. Regional Coordinators will develop standardized job action sheets, standardized signage, and Just in Time training packages for POD operations. Each LHJ, in conjunction with their Regional SNS Coordinator, will review and update its mass prophylaxis plan, filling in existing gaps and incorporating standardized elements developed by the Regional SNS Coordinators. LHJ's will complete written agreements for the use of identified POD sites and will establish essential core staffing rosters for all POD's. Locals will be encouraged to take advantage of any training offered on POD operation and will be required to complete a POD drill in accordance with their local plan.
Est. Completion Date:	08/30/2007

6E::CT1b: Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners.

Grantee Activity:	The PHEPR Planning and Preparedness program area communicates regularly with the CDC SNS advisor and continues to maintain the SNS functions as required. Activities include but are not limited to: reviewing, updating and exercising the SNS plan as appropriate, communicating and coordinating with public health partners, and actively seeking out current information regarding
--------------------------	---

	SNS planning. DOH will continue to maintain all functions for SNS planning as required. The state recently exercised the plan and is currently working on incorporating lessons learned into the program and plan. The state encourages the LHJs to continue working on a comprehensive SNS dispensing plan including POD site identification and staffing plans.
Est. Completion Date:	08/30/2007

6E::CT1c: Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days.

Grantee Activity:	The Department of Health (DOH) Comprehensive Emergency Management Plan (CEMP) includes the Smallpox Response Plan as an appendix. This plan will continue to be refined and periodically updated. Efforts to plan for a vaccination response based on the 3 day and 10 day requirements are ongoing. The state will continue to provide technical support to the local health jurisdictions (LHJs) and work collaboratively with LHJs, hospitals, and other public health partners to better assure that an aggressive vaccination campaign will be effective. These efforts will cross connect with activities described in SNS outcomes, CRI outcomes and those in the HRSA bioterrorism grant application.
Est. Completion Date:	08/30/2007

6E::CT1d: Have or have access to information systems to collect, manage, and coordinate information about the administration of countermeasures, including isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration

Grantee Activity:	DOH has selected a module to be added to Washington's existing vaccine registry system (CHILD Profile). The System will be PHIN compliant. The PHEPR Information Technology program area will complete the compliance self assessment work sheet and proceed with working with CDC to achieve PHIN compliance. As requirements are communicated, steps will be taken to achieve those requirements. The Information Technology staff will work closely with Epidemiology and Planning staff to assure that all necessary pieces are in place as efforts toward compliance continue.
Est. Completion Date:	08/30/2007

6E::CT2: Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.

Grantee Activity:	DOH will continue to refine the SNS plan which includes protocols for prophylaxis and/or immunization of first responders. Through the HRSA Bioterrorism Grant, the issue of pharmaceutical cache is being currently evaluated. Based on recommendations that the pharmaceutical cache committee proposes, further steps in refining the already existing plan will commence and pharmaceutical caches will be established in the hospitals. DOH will continue to provide technical assistance to local health jurisdictions, hospitals and other public health partners in regard to planning for this critical task. These entities will continue to work collaboratively in their planning efforts.
Est. Completion Date:	08/30/2007

6E::CT3: Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed)

Grantee Activity:	Program staff at the state and regional levels will further develop and maintain a seamless statewide system of public health information dissemination and communication resources (including medical countermeasures) using effective risk communication strategies and protocols (based on CDC's CERC tools). Activities to achieve this critical task include but are not limited to: hold bi-monthly phone conferences and bi-annual in-person meetings with Regional Emergency Communications Liaison Network, develop regular system of public information officer (state, border states and Canadian provinces) and risk communication staff information-sharing opportunities, continued development and enhancement of Web library of emergency materials (including translations and materials for special needs populations), continued development of fact sheets and other materials in a variety of formats targeted toward general public and special needs communities, continued development of talking points and other information resources on emerging public health issues for public health staff and system partners, continued development and dissemination of special materials to meet needs of Strategic National Stockpile (SNS) deployment. DOH will continue development of SNS communications toolkit with fact sheets, phone scripts and templates to assist local, regional and state staff with effective public outreach
--------------------------	--

	in the event of SNS deployment. DOH will also continue to maintain and enhance the SNS Patient Education Resources Website with public information and outreach materials from point of dispensing signage to patient education materials. Staff will also maintain emergency call center volunteer roster and training; and continue regular testing. Staff will review and update comprehensive Risk Communication plans as necessary. The state and regional Risk Communication program staff will continue to develop and maintain the partnerships and communication channels necessary to achieve an effective statewide system of public health information. DOH will continue to work with public health and system partners to develop JIC—“virtual” and physical—capacity statewide. DOH will also continue to develop and disseminate materials and resources in advance to assist in preparing system partners for responding to an actual event.
Est. Completion Date:	08/30/2007

Capability 6F: 6F: Medical Surge

6F::CT1: Improve tracking of cases, exposures, adverse events, and patient disposition.

Grantee Activity:	Regional epidemiology coordinators will assist DOH in evaluating available outbreak management systems that capture data related to follow-up of cases, contacts exposures and adverse events, and will assess outbreak management systems currently used by LHJs. DOH will update investigative forms and guidelines for all reportable conditions to be used as a reference for LHJs in conducting case and contact investigations. The PHIMS system will enable improved tracking of cases and analysis of exposures at the state and local levels. When applicable, patient data will be retrieved from or entered into the CRA compliant emergency preparedness registry modules of the CHILDP Profile Immunization Registry.
Est. Completion Date:	08/30/2007

6F::CT1a: Have or have access to information systems that provides these capabilities compliant with PHIN Preparedness Functional Area Outbreak Management

Grantee Activity:	DOH will continue maintenance and operations of PHIMS and EPI CALLS and continue to evaluate the CDC Outbreak Management System during this grant period. DOH has completed the self assessment worksheet for this area and will work with CDC to obtain PHIN certification.
Est. Completion Date:	08/30/2007

6F::CT2: Decrease the time needed to execute medical and public health mutual aid agreements.

Grantee Activity:	The PHEPR Planning and Preparedness and the Healthcare Systems program areas will continue to enhance scalable plans that support state, regional, and local response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, through collaborative work with local health jurisdictions and healthcare facilities. Regions will continue to update Regional Plans and develop and complete MOU/MOA's. Hospitals are required to address medical personnel issues and are encouraged to work collaboratively to plan for sharing of resources. Equipment that has been purchased through the HRSA Bioterrorism Grant for the hospitals have been placed strategically around the state and the hospitals understand that equipment might be moved to another facility based on need. Entities will be encouraged to exercise their MOUs in upcoming exercises in order to help improve response time. Lead and non-lead health jurisdictions (LHJs) will continue to work with their hospitals on establishing MOUs regarding personnel surge and other resource surge issues. Many of these entities have begun testing some of their official and unofficial resource sharing agreements.
Est. Completion Date:	08/30/2007

6F::CT3: Improve coordination of public health and medical services.

Grantee Activity:	Local Public Health response plans will continue to be coordinated with hospitals' regional emergency response plans. This occurs during regularly scheduled planning meetings and is exercised as appropriate. Hospitals meet regularly via HRSA supported regional planning meetings. Regional lead LHJs attend on a regular basis and non-lead LHJs are invited to participate. LHJs and healthcare partners work together to participate in exercises. The development of coordination between and among public health agencies and healthcare partners is ongoing and will continue to improve as program development occurs.
Est. Completion Date:	08/30/2007

6F::CT3a: Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity.

Grantee Activity:	Local Health Jurisdictions will coordinate with hospitals in their jurisdictions to assure consistency in developing plans for epidemiologic investigations related to surge capacity during biologic emergencies and public health epidemiologic investigations.
Est. Completion Date:	08/30/2007

6F::CT3b: Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity.

Grantee Activity:	Lead and non-lead local health jurisdictions (LHJs), tribal nations, hospitals and community and migrant health clinics are being assisted through contracts and consultation to increase planning coordination among all of these parties that are present in a region. During this grant year developing written aid agreements will be promoted to increase local cooperation and collaboration and expansion of local surge capacity resources. Coordinated surge response will be supported by encouraging completion of basic NIMS training. In addition, the initial development of the HRSA medical surge capacity and capability six-tiered preparedness framework will aid in the coordination of overall response surge capacity.
Est. Completion Date:	08/30/2007

6F::CT4: Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks.

Grantee Activity:	Local Health Jurisdictions will maintain lists of volunteers from their entire organization who will be trained on emergency response. Each staff member will have an identified role in the response. Epidemiology training will be implemented to prepare these volunteers for their roles if they are involved in a public health aspect of the emergency response. Exercises will be conducted to test and improve public health responders' proficiency in conducting epidemiology investigations and mass prophylaxis.
Est. Completion Date:	08/30/2007

6F::CT5: Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency.

Grantee Activity:	Activities are coordinated with the Regional Public Health Leads Agencies. They include but are not limited to: consider options and select a learning taxonomy for public health (or use two or three so that different sectors can see the links); map all education and training resources to taxonomy selected; set targets for training types of employees by course or competency; identify role-based education and training that includes job action sheets where they are available; and create inventory of staff competent to respond to different types of emergencies.
Est. Completion Date:	08/30/2007

Capability 6G: 6G: Mass Care

6G::CT1: Develop plans, policies, and procedures for the provision of mass care services to general populations and companion animals in coordination with all responsible agencies

Grantee Activity:	In Washington State the State Emergency Management Division is the lead agency for the coordination of volunteer services under any type of emergency as outlined in Emergency Support Functions 6 of the State Comprehensive Emergency Management Plan. Their activities are supported by the State Department of General Administration along with the American Red Cross, the Washington Volunteers Active in Disasters, and a variety of other private volunteer organizations. Additionally, DOH and the Department of Agriculture assist in coordinating and facilitating needed medical care and dealing with companion animals. DOH will continue to work with appropriate federal, state, local and private organizations to better assure that the health and medical needs of individuals needing mass care can be addressed. DOH will continue working with EMD to better assure necessary medical plans, policies, and procedures are in place.
Est. Completion Date:	08/30/2007

6G::CT2: Develop processes and criteria for conducting an assessment (cultural, dietary, medical) of the general population registering at the shelter to determine suitability for the shelter, identify issues to be addressed within the shelter, and the transference of individuals and caregivers/family members, to medical needs shelters if appropriate

Grantee Activity:	As part of the development of overall policies and procedures for mass care, DOH will work with the State Emergency Management Division and the American Red Cross to jointly develop policies and procedures to address the following topics: assess the general population's health registering at shelters and to develop criteria for triaging to alternative medical facilities.
Est. Completion Date:	08/30/2007

6G::CT3: Develop plans, policies, and procedures to coordinate delivery of mass care services to medical shelters

Grantee Activity:	The lead agency for volunteer services is the Emergency Management Division. DOH will assist EMD and work in concert with EMD, American Red Cross, and other partners to help define the need for medical shelters and to assist with logistical and other considerations associated with the successful operation of these shelters.
Est. Completion Date:	08/30/2007

Capability 6H: 6H: Citizen Evacuation and Shelter-In-Place

6H::CT1: Develop plans and procedures to identify in advance populations requiring assistance during evacuation/shelter-in-place

Grantee Activity:	The lead agency for development of plans and procedures to address evacuation/shelter in place is the State Emergency Management Division. DOH will work closely with EMD to fulfill this critical task. DOH will emphasize addressing the issue of special needs populations and will work with state and local partners to develop an approach to identifying those individuals who might require special assistance during an evacuation or who might be required to shelter in place.
Est. Completion Date:	08/30/2007

6H::CT2: Develop plans and procedures for coordinating with other agencies to meet basic needs during evacuation

Grantee Activity:	DOH and the local health jurisdictions will work in concert with their respective Emergency Management, Red Cross and other social support agencies to better assure that basic needs can be met during an evacuation. People's needs during an evacuation included, but are not limited to shelter, food, medical care, financial aid, mental health services, and family reunification efforts.
Est. Completion Date:	08/30/2007

6H::CT3: Develop plans and procedures to get resources to those who have sheltered in place (Long term -- 3 days or more)

Grantee Activity:	As the lead agency for logistical support during a disaster or emergency, state and local Emergency Management will spearhead this effort. Health will coordinate with them to better assure that the health and medical needs of people sheltered in place are addressed as part of the overall logistical planning.
Est. Completion Date:	08/30/2007

Goal 7: Recover

Decrease the time needed to restore health services and environmental safety to pre-event levels.

Capability 7A: 7A: Environmental Health

7A::CT1: Conduct post-event planning and operations to restore general public health services.

Grantee Activity:	Activities to increase the efficiency for hazard determination regarding radiological, chemical, and terror-based and non-terror based biological agents is being coordinated both internally within the current public health structures, and externally with response agencies (EPA and the Department of Ecology for environmental monitoring and the FDA and the State Department of Agriculture regarding any animal or food related activities) assigned with specific environmental monitoring responsibilities. Appropriate protective action recommendations for zoonotic diseases, industrial chemical incident, and radiological accident guidance remain unchanged while progress
--------------------------	--

	continues with chemical and weaponized biological agents. These activities are being addressed through the DOH Comprehensive Emergency Management Plan. The state is beginning to address recovery activities in depth. Future planning and exercises will focus on recovery issues.
Est. Completion Date:	08/30/2007

7A::CT2: Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners.

Grantee Activity:	Activities to increase the efficiency for hazard determination regarding radiological, chemical, and terror-based and non-terror based biological agents is being coordinated both internally within the current public health structures, and externally with response agencies (e.g. EPA and the Department of Ecology for environmental monitoring and the FDA and the State Department of Agriculture regarding any animal or food related activities) assigned with specific environmental monitoring responsibilities. Appropriate protective action recommendations for zoonotic diseases, industrial chemical incident, and radiological accident guidance remain in place while progress begins with chemical and weaponized biological agents. These activities are being addressed through the DOH Comprehensive Emergency Management Plan. The state will continue to assess how to address environmental chemical monitoring. (Text redacted in accordance with RCW 42.17.310(1)(ww)) Lastly, the state will evaluate its radiation baseline of current levels of contaminants in air, water, soil and food and establish predetermined protective actions and methods for addressing environmental contamination. All these activities are directed towards reducing the time needed to issue interim guidance to the public.
Est. Completion Date:	08/30/2007
Grantee Activity:	WAPHL shall perform post-event monitoring of food and water in an affected area for as long as there is a public health requirement in conjunction with the US EPA and WA Department of Ecology.
Est. Completion Date:	08/30/2007

Goal 8: Recover

Increase the long-term follow-up provided to those affected by threats to the public's health.

Capability 8A: 8A: Economic and Community Recovery

8A::CT1: Develop and coordinate plans for long-term tracking of those affected by the event.

Grantee Activity:	DOH will explore outbreak management systems, including the CDC Outbreak Management System, to capture data related to follow-up of cases, contacts exposures and adverse events. Training on outbreak management systems will be provided to the regional epidemiology coordinators.
Est. Completion Date:	08/30/2007

Grantee Activity:	For chemical exposures, WAPHL will develop a procedure that works through the regions with the LHJs and clinicians to continue testing for chemical contamination in victims as long as it is present in elevated concentrations. Such testing will be conducted with the appropriate law enforcement and civil authorities, including CDC.
Est. Completion Date:	08/30/2007

8A::CT2: Improve systems to support long-term tracking of cases, exposures, and adverse event reports

Grantee Activity:	DOH and LHJs currently use various outbreak investigation tools and after action reports to track exposures and adverse events. PHIMS (Public Health Issues Management System) is also used to track cases and exposures electronically. Adverse event reports are tracked through the VAERS reporting system. DOH, with assistance from the regional epidemiology coordinators, will collect and evaluate currently used outbreak management tools used by the DOH and LHJs to track cases, exposures, and adverse events.
Est. Completion Date:	08/30/2007

8A::CT3: Increase the availability of information resources and messages to foster community's return to self-sufficiency.

Grantee Activity:	DOH will further develop and maintain a seamless statewide system of public health information
--------------------------	--

	dissemination and communication resources using effective risk communication strategies and protocols. Activities include but are not limited to: develop regular system of public information officer (state, border states and Canadian provinces) and risk communication staff information-sharing opportunities; continued development and enhancement of Web library of emergency materials (including translations and information for special needs populations); continued development of fact sheets and other materials in a variety of formats targeted toward general public and special needs communities; and continued development of talking points and other information resources on emerging public health issues for public health staff and system partners. DOH will continue to partner with internal/external subject matter experts to lead related public health information activities and to provide support to other emergency efforts. DOH will also continue to work on ways to include this topic in risk communication training to assist partners including public health, tribal leaders, hospitals and others, in developing communication strategies for recovery. DOH staff have included recovery in our risk communication planning efforts at the state level and will continue to develop resources statewide.
Est. Completion Date:	08/30/2007

Goal 9: Improve

Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Capability 9A: 9A: Planning

9A::CT1: Exercise plans to test horizontal and vertical integration with response partners at the federal, state, tribal, and local level.

Grantee Activity:	Each region and local health jurisdiction will participate in a region-wide functional exercise to enhance coordination among response partners as well as identify any needed improvements to their respective emergency response plans. Additionally, each local health jurisdiction will conduct a Pandemic Influenza Tabletop Exercise with response partners and a Strategic National Stockpile Point of Dispensing exercise using their completed Point of Dispensing Plan. Each of these
--------------------------	---

	exercises will test proficiency and help identify additional training needs. Integration of Tribes and cross border activities where appropriate will have added emphasis during exercise design and execution. The state, in conjunction with one of the regions, will conduct a full scale bioterrorism exercise which will include deployment and dispensing of the SNS. After action reports will document recommended plan modifications and training needs and will include a plan for implementation of recommendations. The state will continue to provide its Tabletop Exercise Design Course on demand, to help increase state, local and regional skills in designing, conducting, and evaluating essential exercises.
Est. Completion Date:	08/30/2007

9A::CT2: Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions.

Grantee Activity:	State, local and regional plans will be exercised annually. Each exercise will be followed by a "hotwash" and a formal After Action Report (AAR) to be submitted to the state within 60 days of exercise completion. Standardized AAR formats will be developed. All AARs will include corrective action recommendations and a timeline for implementation. The AARs will be used to determine priority training needs. Any subsequent curriculum developed will be shared with other regions and LHJs.
Est. Completion Date:	08/30/2007

9A::CT3: Decrease the time needed to implement corrective actions.

Grantee Activity:	Each jurisdiction will use AAR data to improve and update its emergency response plans annually. Jurisdictions will complete their AARs within 60 days following exercise completion. AARs will be based on guidelines provided by Washington State Department of Health and will include a plan improvement matrix with assignment of responsible parties and timelines for completion of plan improvements. Corrective actions and time needed to implement will depend on resource availability.
Est. Completion Date:	08/30/2007

9A::CT4: Decrease the time needed to re-test areas requiring corrective action.

Grantee Activity:	At the state level, more frequent exercises of the department's Emergency Operations Center (EOC), the Reception Staging and Storage (RSS) facility, the Washington State Public Health Lab, and State Level Epidemiology and Response will be conducted. These exercises will focus on coordinating the activities of these entities into a larger response. State Department of Health Staff participation in these exercises will be documented using the internal learning management system. Regions and local health jurisdictions will be encouraged to conduct more frequent testing of their plans and capabilities. The local health jurisdictions will be required to plan and conduct at least one exercise that uses lessons learned from previous test of their response plan.
Est. Completion Date:	08/30/2007

EWIDS

Cross-Border Early Warning Infectious Disease Surveillance

Capability 2A: 2A: Intelligence/Information Sharing and Dissemination

2A::EX1: If not already undertaken, collaborate with Canada or Mexico (as appropriate) to design, develop, and adopt a bi-national surveillance needs assessment tool to be used by public health officials on both sides of the border to identify gaps in the capacity of border jurisdictions to respond to bioterrorism event or infectious disease outbreak. Specific needs assessment studies should focus on availability of expertise, personnel and other resources to carry out epidemiology and surveillance activities essential to cross-border epidemiological investigations and response needs.

Grantee Activity:	In collaboration with Idaho, Alaska and Canadian provinces across the international border, a survey was completed to identify commonalities in notifiable conditions, distinguish between select conditions that require immediate reporting to the public health agency (at a minimum, CDC Category A agents) and conditions for which a delay in reporting is acceptable. Work is continuing to establish agreement on immediately reportable conditions, including Category A agents, between jurisdictions. An assessment will be made regarding availability of personnel with epidemiology expertise and other resources to carry out epidemiology and surveillance activities essential to cross-border surveillance, epidemiology investigations and response needs.
--------------------------	---

Est. Completion Date: 08/30/2007

2A::EX2: Work with states and provinces across the international border to develop and agree on a list of notifiable conditions and distinguish between select conditions that require immediate reporting to the public health agency (at a minimum, CDC Category A agents) and conditions for which a delay in reporting is acceptable. For those where a delay is acceptable, describe time frames for notification.

Grantee Activity:	Discussion and planning will continue with border states and Canadian Provinces regarding the lists of notifiable conditions and will focus on an agreement for conditions that require immediate reporting between NW states and Canadian provinces.
Est. Completion Date:	08/30/2007

2A::EX3: Develop or improve infectious disease surveillance in a uniform manner along and across the international border by establishing a network of hospitals, clinics, epidemiologists and laboratories to conduct active sentinel surveillance for emerging infectious diseases and syndromes such as SARS, West Nile Virus, and fever and rash syndromes.

Grantee Activity:	Influenza surveillance reports will continue to be exchanged between BC, WA, OR and nationally weekly. The BC CDC will continue to include CD Epi on its list for electronic health alerts and DOH will include border states and BC CDC in health alerts coming from WA. Laboratory surveillance data for notifiable conditions is also exchanged on a regular basis with BC CDC laboratory. Emerging infectious disease reports such as human avian influenza and avian influenza in animals will be exchanged between border states and BC CDC by Washington State. BC CDC and DOH coordinate with the DOH Zoonotics Program and Department of Agriculture to address animal health threats.
Est. Completion Date:	08/30/2007
Grantee Activity:	The WAPHL shall continue the work with laboratories across the Canadian border to facilitate the detection and information sharing of emerging infections and syndromes. A conference including the states and provinces with mutual borders is held each year and is planned for this grant year as well. MOU's have been established and are being further developed to facilitate the capabilities of Cross Border partners in the rapid detection and reporting of emerging infections. Laboratory capabilities will be reviewed via site visits this grant year. An exercise to test communication and

	sampling functions shall be developed during the year.
Est. Completion Date:	08/30/2007

2A::EX4: Continue to develop and evaluate sentinel/syndromic surveillance programs in border hospitals and clinics to rapidly detect (a) influenza-like illness (ILI) and distinguish possible bioterrorism-caused illness from other causes of ILI and (b) severe acute vesicular rash syndromes resembling smallpox and other febrile exanthemas to distinguish possible bioterrorism-caused illness from other causes and assist in case definition through specific clinical entry criteria and differential diagnosis.

Grantee Activity:	Influenza surveillance reports will continue to be exchanged between BC, WA, OR and nationally weekly. The BC CDC will continue to include CD Epi on its list for electronic health alerts and DOH will include border states and BC CDC in health alerts coming from WA. Laboratory surveillance data for notifiable conditions is also exchanged on a regular basis with BC CDC laboratory. Emerging infectious disease reports such as human avian influenza will be exchanged between border states and BC CDC by Washington State.
Est. Completion Date:	08/30/2007

2A::EX5: Continue to engage federally recognized tribes along the international border in your state in cross-border infectious disease surveillance activities through mutual aid compacts, memoranda of understanding, and/or agreements. Where appropriate, include local binational health councils and/or Indian Tribes/Native American organizations in bioterrorism surveillance activities.

Grantee Activity:	CD Epi will collaborate with federally recognized tribes near the international border in WA to complete a survey to identify commonalities in notifiable conditions, distinguish between select conditions that require immediate reporting to the public health agency (at a minimum, CDC Category A agents) and conditions for which a delay in reporting is acceptable. Information will also be collected regarding availability of personnel with epidemiology expertise and other resources to carry out epidemiology and surveillance activities essential to cross-border surveillance, epidemiology investigations and response needs. The development of memoranda of agreements between WA DOH and tribes near the international border in WA will be discussed.
Est. Completion Date:	08/30/2007
Grantee Activity:	The WAPHL Training Division will work with tribes to assess training needs.

Est. Completion Date:	08/30/2007
------------------------------	------------

2A::EX6: Assess the timeliness and completeness of your reportable disease surveillance system at least once a year for detecting and reporting outbreaks of infectious diseases in the border region.

Grantee Activity:	DOH will report all outbreaks that potentially involve BC to BC CDC. This will be evaluated through review of all DOH outbreaks on an ongoing basis and noting documentation that BC was notified if appropriate.
Est. Completion Date:	08/30/2007

2A::EX7: Formulate, develop and, when feasible, test a bi-national 24/7 infectious disease reporting plan that extends its coverage area to jurisdictions on both sides of the border. State, provincial and/or priority local public health agencies develop/implement a cross-border early event detection system that: 1) receives immediately notifiable condition and emergent public health threat reports 24/7/365, 2) immediately notify the agency-designated public health professional 24/7/365, 3) have the agency-designated public health professional promptly respond to immediately notifiable condition or emergency public health threat reports 24/7/365, and 4) receive reportable disease reports 24/7/365.

Grantee Activity:	In collaboration with Idaho and Alaska, DOH will test the bi-national 24/7 infectious disease contact list. Results of the 24/7 test will be shared with all partners and appropriate improvements will be implemented. Workgroup members from WA, OR, AK, ID, and BC have distributed a contact list for 24/7 communicable disease response in their jurisdictions. Members from all these jurisdictions already participate in Washington's communicable disease listserv, WA-Comdis. Each jurisdiction has their own 24/7 contact list for emergency response, quarantine, laboratory, local, regional and tribal agencies, and law enforcement. These list have been exchanged between British Columbia and Washington, Oregon, Idaho, Montana, and Alaska. Tests of these contact lists have been performed before the last Cross Border Conference with 100% response (Text redacted in accordance with RCW 42.17.310(1)(ww)). Additional tests with cross border partners will occur before the next, 2007 Cross Border Conference.
Est. Completion Date:	08/30/2007

2A::EX8: Conduct joint, cross-border assessments of information technology capabilities essential to infectious disease surveillance.

Grantee Activity:	Information technology capabilities essential to infectious disease surveillance will be tested. Health Alerting Systems are in place to send urgent health alerts between the US Centers for Disease Control and Preventions' Epi-X electronic alerting system and the CNPHI (Canadian Network for Public Health Intelligence). The BC CDC has access to a national communicable disease secure list serv, Canadian International Outbreak System (CIOS) and has expressed interest in providing WA access to this system.
Est. Completion Date:	08/30/2007

2A::EX9: Collaborate with public health officials in border jurisdictions to identify how infectious disease outbreak information can be most rapidly and effectively shared across the border. Together, border jurisdictions should explore the interoperability of information technology systems, i.e., the ability of different types of computers, networks, operating systems, and applications to work together effectively. Jurisdictions on both sides of the border should work towards ensuring the connectivity and interoperability, both vertically and horizontally, of their surveillance and epidemiology relevant information technology (IT) systems.

Grantee Activity:	Jurisdictions on both sides of the border are working toward assuring the connectivity and ability to exchange surveillance and epidemiology relevant information. A mock exchange of data is being planning to test the IT system compatibly as it relates to data exchange.
Est. Completion Date:	08/30/2007

2A::EX10: Working with jurisdictions across the border, establish a secure, Web-based communications system that provides for rapid and accurate reporting and discussion of disease outbreaks and other acute health events that might suggest bioterrorism. Include provision for routine communications (e.g., Web, e-mail) and contingency plans for communication systems' failure and alert capacity for emergency notification (e.g., phone, pager) of key staff of counterpart agency across the border.

Grantee Activity:	DOH will continue discussions with BC-CDC to identify a mechanism for a secure, web-based communications system that provides for rapid and accurate reporting and discussion of disease outbreaks and other acute health events that might suggest bioterrorism. Mechanisms to be
--------------------------	--

	explored include Epi-X, SECURES, and Canadian International Outbreak System (CIOS). DOH will continue communication via routine emails with BC-CDC. Contingencies for communication system failure between WA and BC-CDC will be explored.
Est. Completion Date:	08/30/2007
Grantee Activity:	The establishment of a Web-based communications system will be essential in the rapid response that may be required across borders during an outbreak or an event. Work with Cross Border partners will provide communication and notification information to rapidly disseminate laboratory information.
Est. Completion Date:	08/30/2007

2A::EX11: Work with states, tribes and provinces along the international border to help train personnel regarding notifiable diseases, conditions, syndromes and their clinical presentations, and reporting requirements and procedures, including those conditions and syndromes that could indicate a bioterrorist event.

Grantee Activity:	CD-Epi will work with epidemiology public health colleagues of the border states, international border tribes and provinces by sharing the summary list of notifiable conditions from EWIDS 2A, Critical Task.
Est. Completion Date:	08/30/2007

2A::EX12: Conduct joint infectious disease surveillance exercises involving a broad range of appropriate participants from both sides of the international border. This exercise should involve not only border health departments but, where feasible, local hospitals, tribal and Public Health Service health facilities, hospital laboratories, major community health care institutions, emergency response agencies, and public safety agencies in order to respond in a coordinated manner.

Grantee Activity:	A joint infectious disease surveillance exercise between WA, BC and neighboring states will be conducted during 2007 and lessons learned will be presented at the Pacific Northwest cross border workshop which will tentatively take place in Victoria, BC.
Est. Completion Date:	08/30/2007

Capability 3A: 3A: Public Health Laboratory Testing

3A::EX1: If not already undertaken, survey and assess the surveillance and laboratory capacity on each side of the international border including those of any tribes located within states that share an international border and the connectivity among these laboratories with a view towards (a) identifying and addressing needs or gaps with respect to their consistency or uniformity of testing standards, notification protocols, and laboratory-based surveillance data exchange practices and (b) developing bi-national, regional laboratory response capabilities.

Grantee Activity:	The laboratory surveillance is underway through work begun at the 2005 Cross Border Workshop. Contact information and laboratory capacity/capabilities are being captured. Site visits are contemplated in this grant year. The admittance of the Public Health Laboratory of British Columbia into the LRN will be key to facilitating the ability of laboratories across the Canadian border to perform standard LRN testing and to share reagents and protocols with US labs when warranted.
Est. Completion Date:	08/30/2007

3A::EX2: Improve cross-border, electronic sharing of laboratory information with public health officials and other partners in neighboring jurisdictions (to facilitate the rapid formulation of an appropriate response to and control of the outbreak). Specific objectives are for jurisdictions on both sides of the international border to: (1) coordinate availability of and access to laboratories with appropriate expertise 24/7/365, and (2) test clinical specimens, food samples, and environmental samples for biological agents that could be used for terrorism.

Grantee Activity:	The work being done with Cross Border partners will facilitate sharing of laboratory information across jurisdictions to the extent allowed by the respective country's laws. Contact information from the laboratory and Epi staff facilitates contact on either side of the border 24/7/365. When the British Columbia PHL is accepted, LRN protocols and testing methods will be common for all better assuring consistency in testing and reporting.
Est. Completion Date:	08/30/2007

3A::EX3: Develop and maintain a database of all sentinel/clinical labs in your border region that includes name, contact information, Bio-Safety Level, certification status, and whether they are part of an information-sharing network. The database should also include the names and contact information for reference labs used by the sentinel/clinical labs in the border

region.

Grantee Activity:	The database of all sentinel/clinical labs in the border regions will be developed in the coming grant year. This database will include contact information, testing capability and reporting capability. Contact information of all reference labs is currently being collected through the Cross Border Laboratory Workgroup efforts.
Est. Completion Date:	08/30/2007

3A::EX4: In coordination with local public health agencies on both sides of the border, apply information technology to develop or enhance electronic disease surveillance, including electronic disease reporting from clinical and public health laboratories and linkage of laboratory results to case report information.

Grantee Activity:	To enhance communication of surveillance information from clinical and public health laboratories, the WA DOH, in coordination with BC CDC and the BC Ministry of Health, will continue to promote cross border relationships between local public health agencies on both sides of the border. Relationship building opportunities will be presented during cross border public health laboratory workgroup meetings and through participation in the annual Pacific Northwest cross border infectious disease surveillance and response workshop. Feasibility and mechanisms for cross border electronic disease surveillance information exchange will be explored during these meetings and during the workshop.
Est. Completion Date:	08/30/2007

3A::EX5: Partner with Schools of Public Health and/or CDC's Centers for Public Health Preparedness to develop binational training activities to enable border health professionals in the U.S., Canada and Mexico to receive introductory or advanced training jointly with their U.S. counterparts in surveillance, epidemiology, laboratory methods and information technologies that are relevant to the detection, reporting and investigation of infectious disease outbreaks.

Grantee Activity:	Binational training will continue with Canadian partners participating in training offered by the WAPHL Bioterrorism Response team and WAPHL staff participating in training offered by the Canadian partners. However, training in LRN methods can only take place when the subject laboratory has been invited to participate in the LRN.
Est. Completion Date:	08/30/2007

Capability 5A: 5A: Epidemiological Surveillance and Investigation

5A::EX1: Develop the capability to undertake joint epidemiological investigations of infectious disease outbreaks along the international border. Such capability should include the ability to jointly: 1) assess the seriousness of the threat and rapidly mobilize in response to an emergency, 2) investigate to identify causes, risk factors, and appropriate interventions, 3) coordinate the tracking of victims, cases, contacts, exposures, prophylaxes, treatments, and patient disposition, and 4) contribute information directly to the public, including special populations, that explains and informs about risk and appropriate courses of action.

Grantee Activity:	WA DOH will work with BC-CDC, Yukon, AK, and ID public health to begin the process of establishing formal agreements for cross border epidemiology surveillance and investigation operations and mutual aid. Agreements will be developed under authority of the Pacific Northwest Emergency Management Arrangement.
Est. Completion Date:	08/30/2007

5A::EX2: Continue to convene binational surveillance and epidemiology planning workshops to discuss and plan cross-border surveillance and/or epidemiology related activities. Such activities should, where feasible, involve a collaborative and regional approach with neighboring US border states as well as Mexico or Canada (as appropriate).

Grantee Activity:	The 4th annual bi-national cross border workshop is tentatively scheduled to take place in Victoria, BC during 2007. WA DOH will collaborate with the BC Ministry of Health and other Pacific Northwest cross border partners in this workshop. Up to three epidemiology staff will attend the proposed HHS trilateral cross border workshop tentatively scheduled to take place during early 2007 in a southern border state.
Est. Completion Date:	08/30/2007

5A::EX3: Conduct capable field epidemiologic investigations, rapid needs assessments, exposure assessments, and response.

Grantee Activity:	WA CD-Epi will work with BC-CDC, Yukon, AK, and ID public health epidemiology to collaborate in
--------------------------	---

	epidemiology investigations, exposure assessments and implementation of control measures. Agreements developed under authority of the Pacific Northwest Emergency Management Arrangement will be used as a reference during these investigations.
Est. Completion Date:	08/30/2007

CRI

Cities Readiness Initiative

Capability 11A: 11A: Cities Readiness Initiative

11A::CT1: Summarize progress on SNS activities over the last year. This should include updates on items 2 and 3 below.

Grantee Activity:	The Washington State Department of Health in partnership with Public Health Seattle and King County, Tacoma Pierce County Health Department and the Snohomish Health District (Seattle MSA) has made significant progress towards meeting CRI objectives. Staff worked hard to reach beyond their walls and include partners throughout the community contributing immensely to this process. Some highlights are: completion of the CRI/SNS Plans, identified PODs; implemented security plans; performance of dispensing exercises; continued the Post Office Planning, POD signage and PIO messaging including interpreter services, Just In Time Training; revised and tested a drug triage tool, and improved job action sheets for PODs. Clark County Health Department is part of the Portland MSA and has been working to create relationships with the Oregon counties around CRI activities.
Est. Completion Date:	08/30/2007

11A::CT2: Summarize the current status of plans for antibiotic distribution within the designated city – indicating the number of Points of Distribution (PODs) that the city currently is able to establish, the number of personnel (paid staff and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period.

Grantee Activity:	Currently, the Seattle MSA has enough logistical, administrative and medical staff to
--------------------------	---

	<p>simultaneously stand-up (Text redacted in accordance with RCW 42.17.310(1)(ww)) PODs and provide prophylaxis for (Text redacted in accordance with RCW 42.17.310(1)(ww)) people with (Text redacted in accordance with RCW 42.17.310(1)(ww)) staff. Plans for next year are to increase the number of staff and POD sites. Seattle currently has (Text redacted in accordance with RCW 42.17.310(1)(ww)) POD sites identified with security plans completed or under development. Additionally, Public Health Seattle and King County has identified (Text redacted in accordance with RCW 42.17.310(1)(ww)). Public Health Seattle and King County currently has the capability to prophylax (Text redacted in accordance with RCW 42.17.310(1)(ww)) people in (Text redacted in accordance with RCW 42.17.310(1)(ww)) PODs operating for (Text redacted in accordance with RCW 42.17.310(1)(ww)). Current plans call for PODs to be staffed by (Text redacted in accordance with RCW 42.17.310(1)(ww)) paid employees of Public Health and local law enforcement. No volunteer resources have yet been identified to staff PODs but progress is being made on the medical reserve corps project. (Text redacted in accordance with RCW 42.17.310(1)(ww)) will be used as POD sites in Snohomish County with (Text redacted in accordance with RCW 42.17.310(1)(ww)) POD sites identified. They are currently able to prophylax (Text redacted in accordance with RCW 42.17.310(1)(ww)) public health staff. The U.S. Navy POD, located in Snohomish County plans to prophylax (Text redacted in accordance with RCW 42.17.310(1)(ww)) active members, their families and retirees. Pierce County can stand up (Text redacted in accordance with RCW 42.17.310(1)(ww)) PODs to prophylax approximately (Text redacted in accordance with RCW 42.17.310(1)(ww)) people using (Text redacted in accordance with RCW 42.17.310(1)(ww)) public health staff and (Text redacted in accordance with RCW 42.17.310(1)(ww)) county workers for each POD. The Medical Reserve Corps in Pierce County currently has 20 volunteers and is growing. McCord Air Force Base and Fort Lewis Army Base will dispense to their service members, contractors, retirees and families of (Text redacted in accordance with RCW 42.17.310(1)(ww)). Clark County can stand up (Text redacted in accordance with RCW 42.17.310(1)(ww)) PODs using (Text redacted in accordance with RCW 42.17.310(1)(ww)) staff which is a combination of public health staff and MRC volunteers. These PODs can dispense to (Text redacted in accordance with RCW 42.17.310(1)(ww)) people within 48 hours.</p>
Est. Completion Date:	08/30/2007

11A::CT3: Describe actions that will be taken over the next budget year to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. Included in these actions are non traditional PODs including the postal plan or other local option developed to meet the 48-hour deadline. Note: See the full Guidance document for more details on the HHS and USPS joint policy decision regarding CRI cities.

Grantee Activity:	The Public Health Departments of King, Pierce and Snohomish Counties (Seattle MSA) will participate in the 2006-07 cooperative agreement on public health preparedness and response. The Seattle MSA will work to increase and enhance readiness to make full and effective use of the SNS with emphasis on antibiotic prophylaxis of the MSA population within a 48-hour period. Grant oversight will be provided by the State of Washington to provide assurance that the projects are delivered on time and to the satisfaction of the CDC assessment team. The Public Health Departments of King, Pierce and Snohomish Counties, in a cooperative effort, will share information, tools and best practices. This information will also be made available to all counties throughout the State of Washington. The following actions will be taken over the next budget year: Continue work to stand up multiple PODs simultaneously; Continue to Develop Surge Capability; Plan and execute 2006 Training and Drills; Broaden outreach and service capabilities to vulnerable citizens; Continue the Development of the Medical Reserve Corp (MRC); Continue planning to assure that public health first responders receive prophylaxis within hours of an incident; Continue planning with (Text redacted in accordance with RCW 42.17.310(1)(ww) and define response areas capable of being served by (Text redacted in accordance with RCW 42.17.310(1)(ww); for delivery of antibiotics; Continue work on Mutual Aid agreements and develop Mobil Staffing Model to be used if called upon to provide Mutual Aid; Continue work to implement patient tracking system for small to medium event; Continue partnerships with the business community to stand up POD's; Continue developing Just in Time Training activities; Continue to foster cooperation across jurisdictions; and create POD manuals and POD lead training.
Est. Completion Date:	08/30/2007

11A::CT4: Describe actions that will be taken over the next budget year to ensure that jurisdictions within an MSA will have coordinated mass prophylaxis activities and health communication messaging across the MSA.

Grantee Activity:	Continue the collaborative effort between state and Seattle MSA communication staffs to coordinate health communication messaging around mass prophylaxis activities. Increase efforts
--------------------------	--

	to reach special needs populations.
Est. Completion Date:	08/30/2007

Level 2 Lab

Level 2 Chemical Laboratory

Capability Lab2 3A: 3A: Public Health Laboratory Testing

3A::CT1: Accept clinical specimens and begin analysis within 24 hours of receiving the call for assistance from CDC.

Grantee Activity:	The Washington State Public Health Laboratories (WAPHL) maintain a Chemical Incident Response Laboratory (CT Lab) ready to begin analysis within 24 hours of receiving a call from any of the LRN laboratories. The CT Lab has demonstrated this capability in one chemical spill event and two exercises. One of the exercises was a proficiency test conducted by the CDC, which WAPHL passed, and the other a 4-state Region X functional exercise. Further, the CT Lab performs chemical analysis for “white powder” samples brought in by the FBI and other law enforcement agencies for threat assessment. These analyses are usually completed in (Text redacted in accordance with RCW 42.17.310(1) (ww))
Est. Completion Date:	08/30/2007

3A::CT2: Demonstrate proficiency to rapidly detect and measure Level-Two chemical agents (such as cyanide-based compounds, heavy metals, and nerve agents) in CLINICAL specimens within 24 hours of the request from CDC. Currently, CDC methods for Level-Two chemical agents use the analytical techniques of inductively coupled plasma mass spectrometry and gas chromatography mass spectrometry. The list of Level-Two chemical agents will expand as methods are developed or modified. Tandem mass spectrometry methods are not required for Level-Two chemical agents.

Grantee Activity:	WAPHL has participated in CDC proficiency testing of Multiple Toxic Elements in Urine by Inductively Coupled Plasma with Mass Spectrometry detection (ICP-MS) since April, 2005, and is current in the metals tests. WAPHL has participated in CDC proficiency testing of Cyanide in Blood by Gas Chromatography with Mass Spectrometry detection (GC-MS) since August, 2005, and is
--------------------------	--

	current in the analysis. At present WAPHL has trained in Organophosphate Nerve Agents in Urine (OPNA) by GC-MS and is validating the method in the CT Lab in Shoreline, WA. The chemists at WAPHL plan to continue to expand the CT Lab role by validating CDC methods as they are developed and as workload permits.
Est. Completion Date:	08/30/2007

3A::CT3: Develop and maintain plans and procedures for adequate and secure : A. clinical specimen transport and handling B. worker safety C. appropriate Bio-Safety Level (BSL) conditions for working with clinical specimens D. staffing and training of personnel E. quality control and assurance F. triage procedures for prioritizing intake and testing of specimens or samples before analysis, G. secure storage of critical agents and samples of forensic value H. appropriate levels of supplies and equipment needed to respond to chemical terrorism events I. securing facilities, reagents, and equipment J. Special requirements

Grantee Activity:	Chemical specimen transport and handling are covered under a WAPHL Standard Operating Procedure (SOP). Worker safety by engineering controls and PPE are covered in every WAPHL SOP. The Bio-Safety Level of the CT Lab at WAPHL is BSL2, per BMBL, as specified by CDC. The staff of the CT Lab at WAPHL is in place and has shown dedication and reliability. Training of the staff is up-to-date in WAPHL policies and procedures and CDC methods. Cross training and surge training are beginning as the SOPs of the methods are completed. Quality control and assurance procedures are in place as part of the SOPs and WAPHL policy. Draft SOPs for screening and prioritization of specimens have been written and are in circulation. They should be approved in this grant year. Secure storage facilities are in place. Inventories for response to chemical terrorism events are in place. They are reviewed and replaced as they expire on a continuing basis. WAPHL has made facilities improvements that better assure secure laboratories, reagents, and equipment, including (Text redacted in accordance with RCW 42.17.310(1)(ww)) . Special requirements consist (Text redacted in accordance with RCW 42.17.310(1)(ww))
Est. Completion Date:	08/30/2007

3A::CT4: Maintain one Ph.D. chemist, or an individual with equivalent experience (M.S. with 5 years experience), and multiple laboratory support personnel.

Grantee Activity:	The CT Lab staff consists of (Text redacted in accordance with RCW 42.17.310(1)(ww))
--------------------------	---

	PhD and a Masters and Bachelors chemists, each with over 25 years of experience.
Est. Completion Date:	08/30/2007

3A::CT5: Procure and maintain the following equipment: ICP-MS, GC-MSD

Grantee Activity:	The specified instruments have been purchased and installed, and are being maintained in a state of readiness to be able to meet Critical Task 1 by the CT Lab staff.
Est. Completion Date:	08/30/2007